

# The public's experience of mental health services in North Yorkshire

July 2023

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## Introduction

### Summary of the project

Healthwatch North Yorkshire was commissioned by the North Yorkshire and York Leadership Alliance to undertake an engagement exercise to help it understand adults' experiences of accessing mental health and wellbeing services across North Yorkshire. This included the 'Places' of Scarborough, Whitby and Ryedale; Harrogate and Rural District; Hambleton and Richmondshire and the Vale of York including Selby. (Note: Craven sits within a different Integrated Care System and a different mental health service provider and was not part of the scope for this work).

The public and patient insight gathered complements ongoing engagement by the North Yorkshire and York Leadership Alliance. The Alliance includes Tees Esk Wear Valley NHS Foundation Trust (TEWV), North Yorkshire Council (NYC) and the Humber and North Yorkshire Integrated Care System (ICS).

This report's findings will support the development of the North Yorkshire community mental health transformation programme, currently led by TEWV. The findings will also help deliver the ambitions of the NHS England Long-Term Plan (2019), including the development of integrated community models of care for adults with a severe mental illness (including people with eating disorders, mental health rehabilitation needs and complex emotional needs, associated with a diagnosis of personality disorder) spanning both community and acute care. As well as contributing to North Yorkshire and York Leadership Alliance's commitment to ensuring mental health services are inclusive, co-produced by people with lived experience and that care is person centred, which are all expectations highlighted in the [Community Mental Health Framework \(2019\)](#).

## **Research methodology**

The research was carried out using a mixed approach of quantitative (survey) and qualitative (focus groups and one-to-one interviews) methods. The aim of the survey, focus groups and interviews was to explore what supports people's mental health and wellbeing, how people would like to access mental health services in North Yorkshire, their experiences of current services, what is working well, what could be improved and what is missing from current mental health services. Data collection took place from September to December 2022. We received feedback from 360 people.

It is important to note that family, friends and carers of people with a mental health issue participated in the survey, focus groups and one-to-one interviews.

### **Survey**

The survey questions were co-designed with people with lived experience of mental health issues from the four community mental health transformation place based partnerships (Task and Finish groups). The survey was distributed across North Yorkshire, both online and via paper copies, by the voluntary, community and social enterprise (VCSE) sector involved in supporting people with a mental health issue, by TEWV via the four placed based partnership Task and Finish groups and by Healthwatch North Yorkshire (via our website, social media and wider contacts).

We received 147 survey responses.

### **Focus groups**

To ensure we captured the views of those cohorts who are recognised as 'seldom heard' and experience unique health inequalities, we worked with the four Task and Finish groups to identify seven distinct groups of people to engage with via focus groups.

These groups were:

1. Members of the farming community
2. Young people transitioning into adult mental health services (aged 16-24)
3. Neurodiverse people
4. Veterans and members of the armed forces community and their family members
5. Older people
6. People living in temporary accommodation
7. Carers

We commissioned a range of different local community organisations and charities to run 20 face-to-face focus groups or conversations across North Yorkshire. Through these focus groups we heard from 180 people.

It is important to note that while the focus groups were based on the seven identified groups listed above, the people engaged with identified as members of a range of different groups. For example, some people who took part in the neurodiverse focus group are carers and some who took part in the veterans and armed forces group are neurodiverse.

The information regarding people living in temporary accommodation was also informed by survey data previously gathered by the Harrogate and Rural District Data and Information Sub-Group which is part of the wider community mental health transformation programme.

### **One-to-one interviews**

We commissioned Mind in Scarborough, Whitby and Ryedale, Mind in Harrogate and Mind in York to deliver one-to-one interviews with adults with a severe mental illness (SMI). Mind was chosen to conduct the interviews due to their experience and expertise of engaging with people who have an SMI which ensured conversations were conducted in a safe way. The category of SMI included, but was not limited to, people with an eating disorder, psychosis, bipolar disorder, severe depression, mental health rehabilitation needs and complex emotional needs.

To ensure the sample was representative of the diverse communities and areas of North Yorkshire, people interviewed were:

- Over 18
- A good mix across age groups, including people who were 25 – 49; 50 – 65 and over 65
- A good mix of women and men
- Inclusive of people who identify as LGBTQ+
- Representative of all areas of North Yorkshire, including rural and coastal areas as well as small and large towns
- Inclusive of people with protected characteristics, including those from marginalised or socially excluded groups

Between the three Mind organisations, 33 one-to-one interviews were conducted across the four places.

This report brings together all the feedback received from the survey, focus groups and one-to-one interviews. There are specific summaries for each of the seven focus group categories in appendix two and the demographics of the sample can be found in appendix one.

## **Overall reflections from the feedback**

Fundamental issues with the entirety of the mental health system were apparent from the feedback. One person said they have lost all motivation to even try to get better and feel like the mental health “system” is waiting for them to die instead of enabling them to live. This sentiment was strongly reflected in the feedback received, with many saying they have lost faith in the mental health system due to previous poor experiences.

Themes from the feedback included that support is often not person centred and does not reflect people’s complex lives and the multiple issues that affect their mental health. The value of listening to and supporting family/friends and carers of people with a mental health issue was another key point raised.

We heard that support is often inconsistent, with people passed around different services and only offered short term support that can be helpful for a time, but often does not have any long-lasting benefit.

The well-known barrier of stigma was evident, but other barriers to accessing services included a lack of flexibility in the days or times that services are available and issues with public transport. The lack of information on what services and support are available was a recurring issue.

The difference good staff can make was clear, with many saying they have experienced a lack of understanding and empathy from many staff across the system, leaving some people feeling dejected and demotivated to ask for help again.

It is apparent from the feedback received that crisis services are overwhelmed and not functioning effectively; the number of people needing crisis support further highlights the issues with the rest of the system as if the system was working effectively many would not be reaching crisis point.

There was also evidence of pockets of good practice within the system, from primary care to secondary care and care from North Yorkshire Council, charities and community groups. This must be celebrated and used as an example of how the whole system could be improved.

“My view is that if you properly support people with their mental health then everything else follows – people’s physical health is better and there is less of a strain on the NHS. I work in a school and I know that if children’s mental health is poor then they can’t learn. The same is true for adults. They can’t be a productive member of society if they are struggling with their mental health and that has a knock-on effect to other things like unemployment, obesity, physical health problems etc. Mental health support is key to so many other things and it’s totally inadequate at the moment.”

## **‘What could help me?’**

This section includes reflections from the feedback about what people think could have been better about the support they received as well as ideas for different services or approaches they think could improve the support currently available. Examples of good practice that highlight where services and support have worked well are also included.

### **The nature of support needs to be considered**

One key theme that emerged from the feedback received was the importance of the nature of support. The type of support offered, the length of the support, early intervention and diagnosis as well as consistency of support were all raised as vital areas that need addressing across the system.

#### **Offer more types of support**

Respondents said it would be better if counselling was more widely available or offered rather than medication being the first port of call. People who have accessed counselling said that talking with someone confidentially has helped them express their emotions, rationalise their feelings and develop effective coping mechanisms so it would be good if this type of support was always offered either before or alongside medication. However, we also heard that counselling doesn't always work for neurodiverse people, which highlights why a range of treatment options must be given.

*“More opportunities to be actively listened to. If somebody would just sit in a room with you and let you talk ... I think that one-to-one counselling can be a very, very beneficial thing. And I don't think it's as readily available as it could be perhaps.”*

*“I would prefer not just medication, but offers of groups or talking therapy/other ways to explore issues.”*



“More awareness and support post diagnosis to help people develop coping mechanisms. Coping mechanisms are often better than medication.”

The importance of having a choice of different types of therapy was also mentioned. One type of therapy, such as Cognitive Behavioural Therapy (CBT), does not work for everyone and while some said CBT helped them deal with their problems in a more positive way, a range of different, more holistic therapies need to be available so everyone’s needs are met. One alternative therapy suggested was Eye Movement Desensitisation and Reprocessing (EMDR) therapy.

“Much more choice around types of support [is needed]– it feels like you can have “a or b” and if they don’t work, hard luck.”

“There is not different therapy options in this area, EMDR is meant to be helpful. GPs should have more ability after training or liaising with psychiatrists to prescribe more psychiatric medications, rather than waiting or being bounced because of capacity.”

### **Longer term, more consistent support**

Many respondents said for support to be most effective it needs to be offered longer term. Instead of only being given a limited number of sessions in which to become ‘better’, respondents said it would be more beneficial if they were not given a time limit and instead could be included in decisions about the length and structure of their support. One person reflected on how being in control and included in crucial decisions about their support and being able to voice their concerns was key to the success of their treatment. This approach needs to be replicated across the system.

“To include me in meetings and decisions they were making about me, to listen to what I was telling them and to have allowed me to have a bit longer support instead of only giving me six weeks and then leaving me still in crisis with literally no help or support.”

“Involve us in our care and check what might work, don’t assume.”

“Involve people and don’t have meetings about people and let them know ‘what was decided’.

Respondents said continuity of care has a considerable impact on the effectiveness of support. So, rather than people being continually passed from one service to another, support needs to be joined up and more consistent.

This topic was particularly raised by young people who are transitioning or have transitioned from child to adult mental health services. Respondents said child and adult services need to work more closely together to ensure young people are not left without support once they reach 18. The need for additional support when people are transitioning from the army to civilian life was also raised, with respondents saying they would have liked some support to help make this transition smoother.

“Permanence in terms of having continuity of support and care rather than be passed from one team to another without anyone actually knowing and understanding the history of a person.”

“There should have been something that bridged the gap between serving [in the army] and then being out. It felt like I was just left to fend for myself.”

Having more consistency in terms of staff was suggested. Respondents expressed the importance of having the same members of staff supporting them throughout their journey as this allows a stronger and more trusting relationship to be formed which in turn makes the support more effective. More continuity with staff would also mean people only have to tell their story once, which is less traumatic for the individual.

“Having a named GP who knows you, so that you don’t have to talk to someone different every time, who might not understand your situation over the years. That is so important to me, as I have to go to the GP a lot for both my mental and physical health.”

“Being able to see the same staff throughout. Doctor to have face-to-face meeting before making judgements. Having a case review with all

involved in care so information and ideas can be shared to enable informed decisions.”

More follow-up support once counseling or therapy sessions have ended or when discharged from hospital was also suggested. There was some praise for the follow up support offered by Mind which highlights the importance of the whole system working effectively together to ensure people can access ongoing support from different avenues.

“I need more over a longer term and a gradual ending of support not just an abrupt end to the support. People do not acknowledge how long it takes me to trust someone before the support starts becoming useful and by this time the support is coming to an end.”

“Continuous support that you can dip into. More places like Mind where people can go to talk and access other activities /services.”

“Mind were the only ones to do any follow up and see how I was coping. They apologised about the short-term service, put me on the waiting list for a new service coming up and a lovely person dropped off a care package with guided medication, journals, art therapy kit and a three month pass for online yoga and tai chi classes. It felt very human which is lacking elsewhere.”

### **Earlier intervention and diagnosis**

Many respondents said that early intervention is vital to reduce the likelihood of issues escalating to crisis point. One of the key ways this can be achieved is by reducing the waiting times to access support or by at least offering some type of support or signposting to other means of support while people are waiting. More support and guidance on developing coping strategies from a younger age was also suggested. Some respondents said increased home visits and help to manage their mental health issues at home would reduce the chance of hospitalisation and ambulance call outs.

“Less waiting time for support/ therapy would reduce a crisis.”

“More help to manage illness at home avoiding hospital stays and ambulance call outs.”

“More home visits, I am convinced that if I could have some help at home when I first realise I am starting an episode I would be able to avoid hospitalisation.”

The importance of early diagnosis was raised as this was seen as a way to open the door to accessing support. A quick and efficient diagnosis process would avoid people being trapped in a cycle where their mental health continues to deteriorate while they wait.

“Getting an early diagnosis is key to avoiding the cycle of constantly being discharged from the Community Mental Health Team (CMHT) then [having to] revisit the GP and start the process again.”

“Lack of diagnosis- 12 years is a long time to wait to get a diagnosis. Sometimes without a diagnosis you can't access the right help. Also it's difficult for people to try and support you when they don't know what they are dealing with.”

“Quicker diagnosis for conditions so people can access the right help as soon as possible.”

## **Personal budget**

One person suggested that a personal budget for mental health support should be offered. This would enable people to buy treatment from approved providers in partnership with mental health specialists, allowing an individual to choose what works for them from the NHS, voluntary or private sector. This approach would ensure the nature of support was most effective for each individual.

## **A person-centred approach**

Another key theme that emerged from the feedback was the need for services and support to take a person-centred approach. The system must ensure care is tailored to each individual and information and services are

accessible to all. It was acknowledged that there are a range of different community groups and organisations already running across North Yorkshire but there were still suggestions for some more local and specific groups that would be beneficial. Care plans also need to be used effectively to ensure support is person centred.

### **Greater understanding of the person and tailoring care to their specific needs**

Respondents said it is essential that care is person centred and takes into account people's individual needs. People have complex lives and face multiple issues that affect their mental health. This is why one treatment or type of support does not suit everyone and why person centred care that takes into account all aspects of people's lives is essential. One person said her Borderline Personality Disorder is a big factor in how unhappy she is but it's connected to other issues like housing, her low income, work problems, relationships and other health issues. Mental health providers need to consider the whole picture and make far more effort to listen to individuals' experiences and understand why they might be struggling rather than focusing only on the symptoms of their diagnosed mental health condition. Plus, they need to work collaboratively with partner organisations to meet the wider needs of the person.

Respondents also said it is vital that the system understands that if two people have the same condition, the same treatment or support might not work for both. For example, one person said there needs to be understanding that Post Traumatic Stress Disorder (PTSD) from a car crash and a military experience can be very different. One person said it should not be a "one size fits all" approach, it should instead be "my size fits me".

*"Recognise it is not about people fitting in, but about changing systems and society so everyone feels comfortable and recognising that no one is normal. Need a person-centred approach."*

*"You can't put people with the same diagnosis into the same box. There needs to be a better understanding that individuals have different needs despite having the same condition."*

Some of the specific suggestions around how support can be more person centred that were raised in the focus groups are outlined below.

### **Veterans/armed forces community**

“Specialist mental health workers with Armed Forces lived experience/ background – or better training for mental health workers.”

“It would make a massive difference if there was help available through the military channels – maybe a specially trained counsellor with military spouse experience.”

### **Farming community**

“A mental health advocate to check in with the farming community that can provide options or support and let us know where we can go and let us know we are not alone.”

### **People who live in temporary accommodation**

“Living in temporary accommodation increases anxiety and stress. This needs to be acknowledged and more support offered to address accommodation issues or provide additional support re mental health.”

### **Neurodiverse people**

“Need to address support for autism first before focusing on any mental health issues. Mental health issues may come from the lack of support to process the autism diagnosis. All support must understand underlying issues and someone’s neurodiverse condition and how it affects them before trying to deal with anything else. Mental health service providers need to consult with and listen to what neuro-divergent users of their services need, not what providers want to give them.”

“Need a personal approach/people who really know people and can read reactions to help. Trying to process the ‘normal’ world is exhausting. The right person is vital.”

“Do not discharge people – it [autism] is a lifelong condition and can’t be fixed, but people can live well with autism with the right support.”

### **Ensure information and services are accessible for all**

It is important that both the way services are delivered and the way information is shared is accessible for all. This means information needs to be available in different formats to suit different needs and there needs to be a range of different options in the way services can be provided (for example telephone or online support does not suit everyone).

“GPs and others to offer options that aren’t just phone.”

“Face to face talking was consistently good. Telephone or Zoom not so good.”

The environment where services are delivered also needs to be considered, ensuring the spaces are accessible, comfortable and cater to all needs. For example, services need to allow support dogs, buildings must be accessible for those with a physical disability and welcoming for neurodiverse people (with factors such as lighting and sensory rooms considered). Some respondents said clinical environments such as waiting rooms can be stressful places so small changes to make these settings more relaxed would make a big difference.

“More places need to let me bring the dog who is one of my biggest sources of comfort!”

“Better access to buildings – tried to enter buildings for support with mental health and has been difficult because of physical disability.”

“Health and other facilities need sensory rooms where neurodiverse people can go before and after appointments. Set up systems for

everyone so no-one feels excluded. Neurodiverse people shouldn't be expected to conform."

"Inpatient wards should consider sensory issues and be more therapeutic by providing ear defenders, relaxing lighting and weighted blankets to reduce anxiety."

### **More local and specific groups**

From the feedback received, there are many local community support groups providing invaluable support across North Yorkshire. However, some new ideas were suggested:

#### **New ideas**

- More groups/support for bereavement (raised for Scarborough, Whitby and Ryedale and Hambleton and Richmondshire).
- Groups aimed at parents (raised for Scarborough, Whitby and Ryedale).
- Local gardening group (raised for Hambleton and Richmondshire).
- Support for more specific issues such as young mums, bipolar, PTSD or parents of children with autism (raised for Scarborough, Whitby and Ryedale).
- Recognise potential loneliness and isolation of military spouses and provide support, contact, groups (raised in veteran and armed forces community focus groups).
- More peer support for veterans, e.g. Battle Buddy support groups (raised in veteran/armed forces community focus groups).
- Online support groups for farmers. For example, a chat or text forum especially for farmers so they can communicate and support each other without having to go to a face to face group (raised in farming community focus groups).
- Free craft sessions (raised for Hambleton and Richmondshire).



- Designated well-being workers at colleges (raised in young people transitioning from child to adult mental health services focus groups).
- Groups for autistic girls/women (raised in neurodiverse focus groups and particularly raised for Scarborough, Whitby and Ryedale).
- More low cost, beginner level exercise groups (raised for Scarborough, Whitby and Ryedale and Harrogate).
- Attention Deficit Hyperactivity Disorder (ADHD) support group locally (raised for Harrogate).
- Local amateur dramatics group (raised for Harrogate).
- Local art group (raised for Scarborough, Whitby and Ryedale and Selby).
- Support groups run by and for service users (raised for Scarborough, Whitby and Ryedale).
- Music groups (raised for Harrogate).
- Wellness groups with a buddy arrangement (raised for Scarborough, Whitby and Ryedale).
- Physical classes for mobility (raised for Scarborough, Whitby and Ryedale).
- More groups for young people, e.g. drop ins (raised for Harrogate).

“I think mum has been massively harmed by not having any help with bereavement. My sister’s and dad’s deaths were sudden and unexpected and she’s never really dealt with any of it and now she’s generally too unwell to even try something like bereavement counselling but I was gob smacked we don’t have a bereavement service here.”

“I think a lot more could be done for loneliness and isolation. I think outdoor spaces are vital, therapy outdoors is relaxing, you feel more able to be open.”

“A farming community support group so that only farmers can attend as I feel we will have more in common than we realise when it comes to mental health problems.”

“Schools and colleges should have someone specially trained in every school so you can go speak to them about things just like you would a school nurse if you didn’t feel well.”

### **Individualised care plans**

Respondents who took part in the neurodiverse focus groups suggested that everyone should have a comprehensive care plan that explains what they need, what helps and what doesn’t help. The key factor is that this care plan is effectively used as one person said they do have a care plan like this in place, but this is not made use of by crisis teams.

“Crisis teams unacquainted with the patient should be guided by a care plan written by a professional well acquainted with the patient.”

### **Ensure support is effective for those with a dual diagnosis and consider other factors such as autism and addictions**

Respondents also said there needs to be more flexibility in the support for those with a dual diagnosis, whether it be a dual diagnosis of mental health issues or a mix of mental health issues, physical health issues and other conditions such as autism or ADHD. Services need to provide holistic support and consider all conditions that a person has, rather than only focusing on each condition in isolation.

“Need more flexibility for people with dual diagnosis and support both issues at the same time: for example, a carer who has an eating disorder and severe anxiety, the service will only concentrate in isolation on one area of need, when both conditions are causing the severity of the mental health.”

“[Need] “whole person” assessments to involve co-morbidities and associated conditions e.g. some Trusts do not recognise some

diagnoses e.g. Pathological Demand Avoidance (PDA), sensory processing disorder.”

## **Ensure people can access support easily**

Many respondents said more needs to be done to ensure access to support is equitable; the time of appointments and services need to be flexible, public transport needs to be improved and people must be offered help when accessing support for the first time. A North Yorkshire wide information guide that covers what support and services are available was also suggested.

### **More flexibility in the days & times services are offered**

Several respondents said services and support groups need to be offered on a range of different days and at a range of different times as they are often only offered from Monday to Friday from 9-5, which does not suit everyone. Services should be more flexible, with support more widely available on the evenings and weekends.

“Something that has very flexible timings so available evenings, weekends or early mornings.”

“More flexibility in how services are delivered – accessibility and timing of support – can’t be a one size fits all model.”

“I would really like to see more things in the evening. Even though I’m an older person and not tied to work anymore, I find the evenings very lonely and there’s not really much available from the community at night.”

### **Improve public transport**

Public transport needs to be improved so people can easily access services. Many respondents said they have issues getting to appointments and accessing services or support groups because they live rurally and the

public transport links are poor. Some people said help with the cost of travel to services would help overcome this challenge.

“Transport from rural villages needs to align with activities and appointments. Bus times from my village mean I can only get into town for 11am and must leave at 12.30pm to be back in time for school pick up.”

“Maybe funding transport would work. Lots of people can't leave the house, but maybe they could if they only had to get in a taxi and be dropped off at the door.”

### **Support to help people access community groups and services**

Many respondents said there needs to be more support available to help people access community groups and services. Some people said they would like to access services and support groups but are too anxious to attend on their own, however if there was someone who could go with them, such as a support worker, they would be more likely to attend. Many expressed the positive impact community support groups have, so it is important everyone is able to access this type of support to help them stay mentally well.

Other respondents said they would benefit from having support when filling in referral forms for services such as NHS Talking Therapies for anxiety and depression (formerly known as Increasing Access to Psychological Therapies (IAPT)) as they can be confusing and difficult to navigate.

“Possibly support accessing these [community groups]- sometimes when you are struggling it is difficult to feel confident about taking the first step into a new venue to meet new people and do a new activity.”

“I'm scared of talking to new people. I think people should be assigned a face-to-face worker for a fixed period of time to sort out all immediate needs then once life becomes more stable introduce social support.”

## **Provide an information guide to services and support available**

It was acknowledged that there are lots of services and support available but more needs to be done so people know where to go and what different services and support are on offer. It was suggested that there should be one central place where all this information is held, such as in a guide to services and support for North Yorkshire. It would be essential for this guide to be accessible (available in different formats, online and via paper) and it would need to be systematically updated so it includes accurate information considering any changes to services or support.

“More information [is required] about where to go for help – a directory of support. Even GPs don’t know what is available and can’t signpost.”

“[We] need much clearer information about what each service does.”

“[There needs to be a] concerted mapping effort and a shared platform that maps JUST mental health appropriate support. This needs ongoing resource to keep it up to date and contact organisations/teams regularly to get an update on service specification, availability, criteria etc.”

## **Recognising the role of family, friends and carers**

Respondents said it is important that the role family and friends play in supporting someone with their mental health issue is recognised. The need for mental health services to better listen to and support carers was also raised.

## **Acknowledge the role of family and friends in a crisis; listen to carers**

Respondents said a lot more needs to be done to help the family and friends of people with a mental health issue understand about mental health and what to do in a crisis. Similarly, carers of people with a mental health issue need to be more involved in their support and their views must be listened to as they know the person more than anyone so are vital in ensuring the person gets the care that best suits their needs.

“I feel like I am banging my head on a wall – I am the only one keeping him [her son] alive and I have no help. I try to raise concerns, but no one listens to me. Family should be listened to, but I am told ‘we can’t discuss that with you’. I have power of attorney but that isn’t recognised. Carers must be involved. They know the person as well as anyone and are vital when the person isn’t able to communicate.”

“Listen to families and carers and recognise better when people don’t have capacity and talk to family. Often healthcare professionals see people on their best day – if a bad day, they wouldn’t be able to go to the appointment. This skews the impression, so it is even more important for family/carers to be asked and listened to.”

“We are the experts in mum’s mental health (including her!) and we’re not listened to.”

Providing support to family, friends and carers was also raised as an important factor that needs more focus as the caring role can place a burden on carers mental health too. This support could be offered in many ways, one of which could be through regular respite time for carers.

“Education and support for families and friends of those with mental health issues.”

“I really want to highlight the impact that all of this had not only on my mum but on the wider family, it caused huge rifts and nearly split my family apart as I struggled to be mum to my kids and mum to my mum.”

“Specialist respite to allow time out from caring and a safe environment for our children that we are confident in so that it is true respite, knowing they are being well cared for.”

If, across the system, family members, friends and carers could be trained on how to help during a crisis, listened to and included in making decisions about their loved ones’ support and provided with some type of support and/or respite for themselves this would be beneficial for everyone.

## **Address issues around negative staff attitudes**

Across the system, more needs to be done to address issues around negative staff attitudes to ensure all staff understand mental health and treat people with kindness and care.

### **Give staff appropriate training so they treat people with empathy and care**

The difference good staff can make was reflected in the feedback received. In some cases, people said the staff they saw were friendly, understanding and empathetic. However, this was not consistent across all responses. All healthcare staff must be trained on how to treat someone with a mental health issue with empathy, care and understanding. The need for all healthcare staff to be trained in how to support people with autism was also suggested.

“More mental health training for all support staff regardless of whether they work in mental health or not.”

“Having whoever the first contact is being friendly and knowledgeable. Someone to listen so I don't feel fobbed off.”

“There needs to be much more mental health training for NHS staff especially. Not just doctors, but receptionists etc.”

“Primary Care Networks (PCNs) need a neurodiversity specialist / specialist team within TEWV and train health care assistants, peer support workers or volunteers in therapeutic techniques at every GP practice, every hospital ward, outpatient department to support people with autism.”

## **Improve crisis support**

Crisis support across the system needs to be improved; this includes the TEWV crisis phone line and support provided when people present at A&E in crisis.

## **Ensure the crisis line is answered and appropriate advice is given**

Respondents said the TEWV crisis phone line needs to not only be answered in a timely manner, but the call handlers need adequate training to ensure they give appropriate advice and support rather than offering unsuitable and patronising suggestions respondents cited such as 'have a bath' or 'listen to music'. Others said a mobile crisis team that could come to your home would also be beneficial and would help reduce the number of people presenting at A&E. One person raised the point that the crisis team must consider the opinion of the patients own GP or Community Psychiatric Nurse (CPN) as they are the ones who know the patient and therefore should be listened to if they say the patient needs to be in hospital.

*"I would like to see a crisis line that provides help, answers the phone and does not just say go to A&E."*

*"A mobile crisis team who will actually come to you and who can offer something beyond basic suggestions that aren't always appropriate for my condition (such as listening to music)."*

*"If it is actually the patient's own GP or CPN who has called the Crisis Team saying they need to be in hospital for their own safety, the opinion of a professional well acquainted with the patient should take precedence over the snap judgment of professionals to whom the patient is a total stranger—all the more so if the patient has autism spectrum disorder (ASD), because they won't necessarily be presenting in ways that someone who doesn't know them can interpret."*

## **Improve crisis support at A&E**

Having a mental health equivalent of A&E or a priority system for mental health issues in A&E rather than people having to wait or be sent home when in crisis was also suggested. Others suggested welcoming, calm, private rooms for those presenting at A&E at crisis.



“There should be some sort of mental health specific equivalent of A&E or walk in centre that is open 24 hours and has a mix of different services, quiet rooms, safe rooms etc.”

“Emergency response for mental health like 999 but with mental health specialism.”

“Things need to change at A&E. There needs to be a private room and a discussion with a professional. You shouldn’t need to be under CMHT to get a service, especially if you’re in crisis.”

## **Improve communication**

Another key theme raised by respondents was the need for communication to be improved across the system.

### **Communication between services, organisations & departments needs to be improved**

Respondents said there needs to be better communication and partnership working across the whole system. Communication needs to be improved between mental health services and organisations as well as between NHS departments. Some people also said that organisations need to better store and share information as people often have to repeat their story every time they access a different service which can be traumatic. One person said electronic health passports would make it easier to manage transitions between agencies and services, especially for military personnel and families when they are posted to new areas.

“The NHS needs to get better at working across departments. When I was going through cancer treatment, my mental health went downhill but there was no communication between the cancer team at Hull and my nurse at Cross Lane Hospital. I was discharged from Hull after my treatment for cancer was finished despite being in mental health crisis. They were only looking at the cancer part. My mental health nurse then complained about it being an unsafe discharge, late in the evening without any after care in place for my mental health.”

The need for the NHS and charities to work more collaboratively together was also raised.

“I would prefer it if NHS collaborated with charities more to offer support, so we don’t need to go through the NHS. Charities offer more support and I prefer to go to them as they have more empathy and are more caring, but they don’t always have the training/resources the NHS offers so if they can work together and it be a holistic approach that would be better.”

## **Increase awareness and training on mental health**

The stigma surrounding mental health needs to be addressed in all areas of society.

### **Tackle stigma in schools, colleges and workplaces**

Unfortunately, the stigma of mental health is still an issue. The responses we received suggests more still needs to be done to address this through education and awareness raising and that the earlier in education this is done the better. The need for stigma to be addressed in the workplace was also raised, with some respondents saying employers should be given more training on mental health or should ensure there are people within the HR departments that have lived experience of mental health issues. One person said the key ways stigma can be reduced is by ensuring mental health issues have the same recognition and funding as physical health issues.

“I think there is still quite a lot of stigma attached to mental health, people are still frightened of mental ‘malfunctions’ so better awareness and education for people would help – obviously it is better than it used to be.”

“Online resources and apps would be good for young people, mental health needs to be normalised, it should be taught in school with resources on how to cope.”

“Better education on mental health for employers. People with experience of mental health conditions working within HR teams.”

“Need broader general education and open discussions with people at school/college/work about what works for everyone so that no-one is singled out, but it is about recognising that different people need different approaches, support, ways of working/learning etc.”

One person said there is still a long way to go to address the stigma of mental health within the farming community, but things are slowly changing for the better.

“I am glad that someone has recognised that mental health is a problem in the farming community and hope that down the line there are more support groups and more accessible support for future farmers as there was nothing for me. We spend a lot of time on our own, we work long hours and our mental health can suffer but it is also an expectation of us to ‘just get on with it’, which we do and sometimes farmers will suffer in silence as they don’t want to be attached to the word ‘mental health’ due to its stigma but I know things are changing for the better which is good.”

## **Address system issues**

The system needs to follow the same approach across all of England to ensure people can continue to access support even if they move.

### **Address access issues caused by moving areas**

Respondents said there needs to be the same assessments and requirements to access mental health services across England. With the current system, where different areas use different approaches, it makes it difficult for people to continue support if they move. This issue was raised as a particular problem that occurs within the veteran and armed forces community; some family members of armed forces personnel said if you are posted to a new area you go back to the bottom of the waiting list for

mental health support which leaves people frustrated and waiting even longer to access the treatment and support they need. Respondents also said there needs to be a national agreement about conditions and diagnoses accepted by all NHS Trusts (particularly for neurodiversity) as some Trusts recognise certain conditions, while others don't.

"When living in York I had a Care Coordinator [via the] CMHT, when I moved to Manchester, I didn't meet their requirements for the service even though it should have been the same. I ended up on a waiting list again for 18 months and received no support at all."

"Healthwise it's impossible for treatment to be followed up if you are posted to a different area [as a family member of armed forces personnel]. If you are on a waiting list for treatment with the NHS and are posted somewhere before the treatment, you have to go through the process again and are repeatedly placed at the bottom of a waiting list in the new area. It's very upsetting and frustrating when you desperately need the treatment and just never reach the top of a waiting list, especially if you cannot afford to go privately."

## What helps and what doesn't help people's mental health and well-being

When we asked people what helps or doesn't help their mental health and well-being having time to do hobbies (such as crafting, gardening, listening to music, volunteering, being with pets), having a routine and having a good work/life balance were all raised as important factors for helping people stay mentally well.

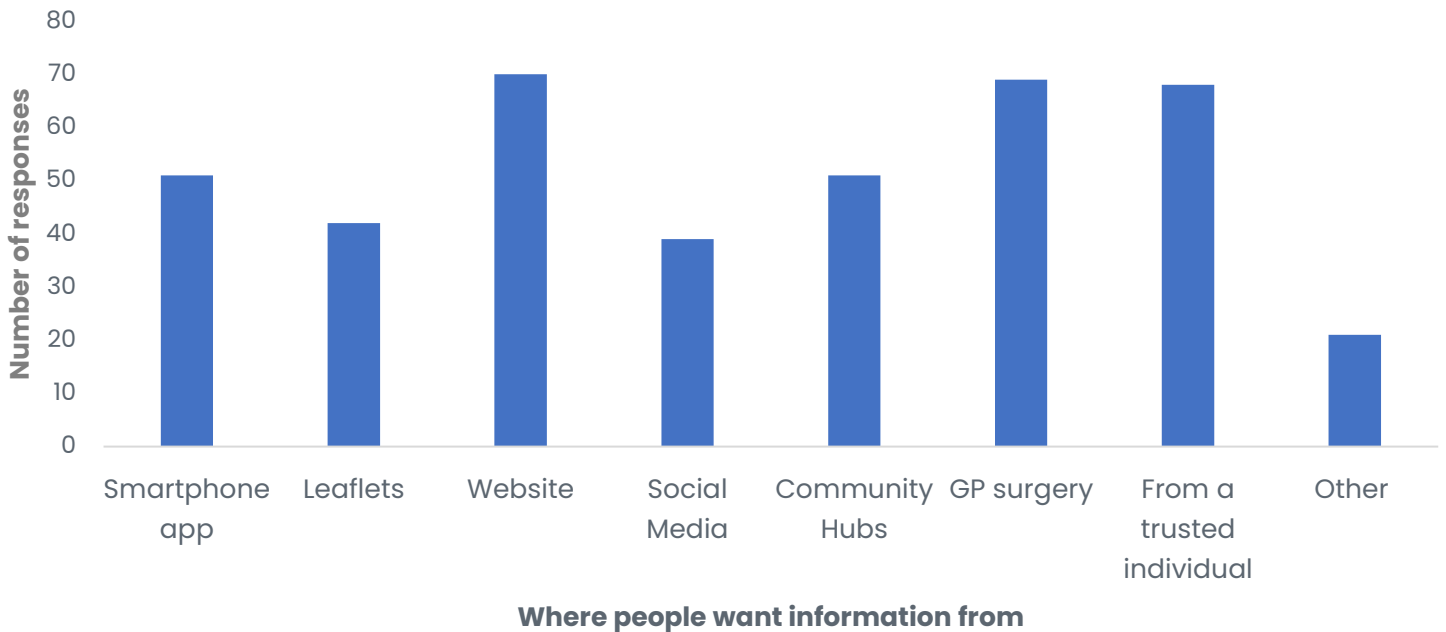
The impact of having little to no time to rest was raised as a particular issue for farmers and carers, leading to exhaustion and burnout. The importance of having a good support network and sense of belonging was also raised, with many saying they feel isolated and alone which negatively impacts on their mental health. Doing exercise and being outside in nature were key positives for people, but this is not always possible as it is dependent on the time of year and physical health which can limit people's ability to get out. The importance of self-help techniques such as meditation, sleeping well, mindfulness and journaling as well as being part of community or peer support groups with likeminded people were factors that help people stay mentally well. Financial pressures and issues with housing were mentioned as having a large impact on people's mental health and the negative influence of the news and social media was also noted.

Taken together, this highlights how services across the system need to take into account all aspects of people's lives when supporting them with their mental health. To ensure care is person centred there needs to be better understanding of what helps or doesn't help people in the wider picture of their life. A person is not just their mental health issue or diagnosis; they have other things happening that can help or be detrimental. The way the system can work most effectively is by asking about a person's life and seeing them holistically. It is also important to consider the wider factors that help or hinder people's mental health to better prevent people from reaching crisis; if services can help people build on the factors that help them to stay mentally well, their overall quality of life and well-being will be more likely to improve.

## Where do people want to find information about mental health services?

When asked where they would like to find information about how to improve their mental health and well-being or find support the majority of respondents said they would like this information online, from their GP surgery or from a trusted individual. These responses echo the earlier suggestion raised for a directory or guide to North Yorkshire services and support. Whilst these were the top three responses, as shown in the graph below, all of the different options were selected which suggests information should be provided in a range of different formats to be most effective.

**Where people would like to find information about how to improve their mental health and well-being or find support**



Note. This graph only includes responses from the survey.

## Where do people go for mental health help?

When people were asked where they would go or who they would contact if they needed mental health support, people mostly said their GP, family or friends, as shown in the graph below (which reflects the survey responses). A few people said they would see the First Contact Mental Health worker at their GP practice, however, there were comments that these roles need to be available in all GP surgeries, which is not currently the case.

Similar responses were received when this question was asked in our mental health pulse report last year, with the majority saying they would seek support from their GP in the first instance<sup>1</sup>. The same pattern of responses was reflected in the focus group feedback and in the interview responses all options listed in the graph below were mentioned but many said that community organisation or charity support would be their first port of call.

**Who people would contact if they needed mental health support**



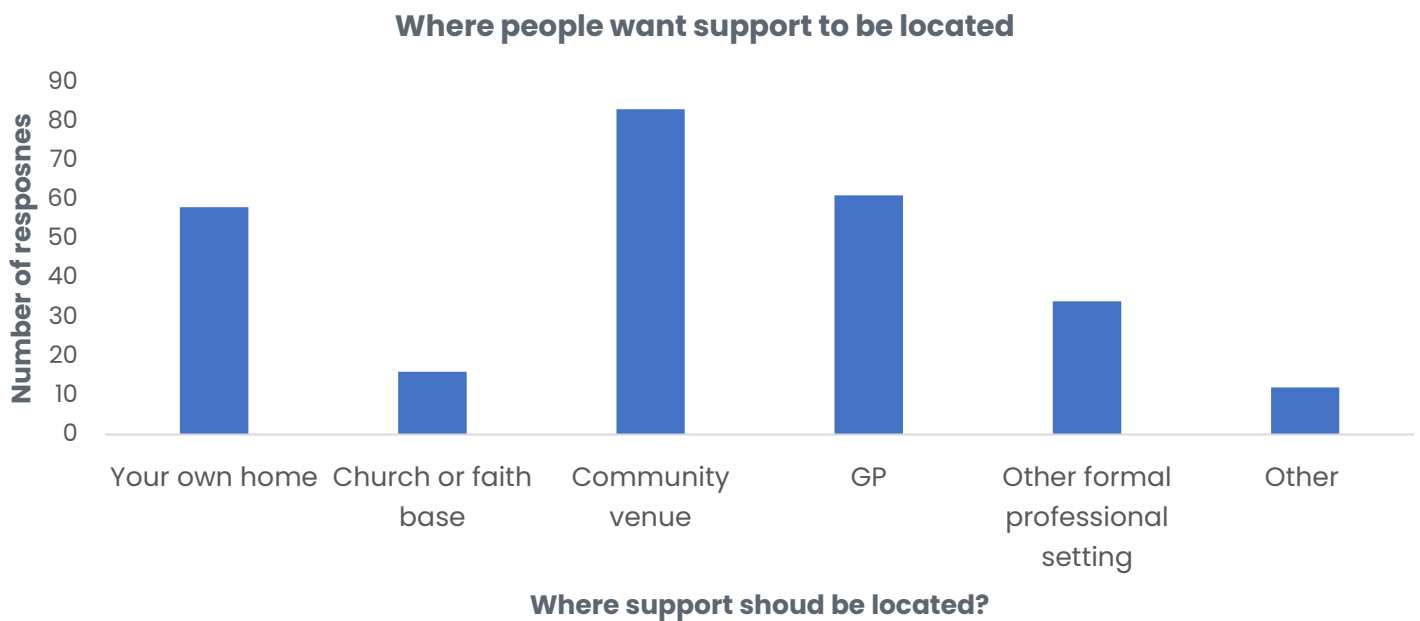
Note. This graph only includes responses from the survey.

<sup>1</sup> [Healthwatch North Yorkshire Mental Health Pulse Report Final.pdf](#)

## Where people want to access mental health services

When asked where they would like mental health support to be located, most said in a community venue or at their GP practice. The 'Other' responses included some type of informal, comfortable setting. In the focus groups, the desire for something that is easy to access and local was the key factor raised.

*"I would like to see a community-based venue that is visible and offers services/signposts; a welcoming space that is friendly, warm, welcoming - not clinical."*



Note. This graph only includes responses from the survey.



## Access and use of services

This section comprises of people's feedback about accessing and using mental health services across North Yorkshire. This section will first cover some of the barriers that stop people accessing services. It will then explore the systemwide feedback that was received before specific feedback for different services is covered.

### What are the barriers to accessing services?

#### **Lack of trust**

Many people said they have had bad experiences with mental health services in the past which prevents them or has made them reluctant to seek help. One person said that her main concern now is being turned away when asking for help and that has more of an impact than not asking at all. Others mentioned the nature of services being like a 'revolving door'; with some people being labelled a problem patient and being threatened with services being withdrawn. People who took part in the neurodiverse focus groups expressed their frustration that mental health services don't seem to understand autism or say they can't help people with autism.

Some respondents said they would be more likely to seek support if they knew that when they ask for help they would get it, rather than being passed around different services. Others wanted reassurance that they would get to speak to someone who is non-judgmental, kind and understanding, rather than be dismissed and let down as having been dismissed and not listened to by staff in the past has put some people off asking for help.

"I think I'm in a place now where I don't have any faith in the mental health team and they don't really listen to anything I have to say. It feels like I have to offer proof that I'm not feeling well."

"Sometimes when I've asked for help I've not been successful and that feels like rejection, which doesn't encourage me to try asking again".

"The help I have got in the past has been so insignificant or non-lasting that I have lost trust in asking."

"I have asked for help in the past from the CMHT and I had six appointments and then got discharged. When I said I need longer and more support they just ignored me and said there was nothing they could do to help me even though they knew I was in crisis... the thing that would help me the most access support would be for people to actually help me if and when I ask for it."

### **Long waiting times**

The long waiting lists people face when trying to access mental health support was one of the biggest barriers raised. Several people said they have been referred for counselling but are still waiting over six months later. People said they are put off trying to access support as they know it will be months or even years until they get the help they need.

"Timescales- from being referred into a service and then that service actually starting to see you. By the time you actually seek help I feel that most of us have probably already waited too long and so the issues are more severe than before and that's the point at which you need to be able to access an appropriate service quickly. Everywhere is always full or has a long waiting list – especially for counselling."

"I was on such a long waiting list through the NHS (to see a psychiatrist) and that made it much worse – the waiting and not knowing."

## **Stigma**

As previously mentioned, many respondents said stigma is still a key barrier to accessing support. One person felt there is a lot of stigma around speaking about your mental health if you're a man and there was also a strong sense of stigma reflected within the farming community, with mental health not being a topic that is usually discussed. Others said self-stigma is a barrier; they feel shame and embarrassment asking for help and find it hard to admit they have a problem. Carers in particular said they felt they needed to be strong or that their health wasn't as important as someone else's (usually the person they care for) and felt they would be taking up important time for someone who needed it more than they did.

"Stigma surrounding it [mental health]. When you have obvious injuries, you get sympathy. Brain problems attract mockery almost. It's a fear of the unknown."

"I always think that men don't talk about it all, my dad never shared about his mental health, so I don't want to share about mine to my family."

"Farmers won't seek support and don't where support is available. It's expected of us to 'man up' and 'get on with it'. There is also an element of embarrassment, and this can be passed down from previous generations."

"I would like to be better at asking for help, I'm not sure what stops me. Pride? Not wanting to accept that I have a mental health condition perhaps? Thinking I should be stronger/better than that..."

The desire for true anonymity when seeking support was also raised, in particular by respondents who said they work within mental health services. Some said they are reluctant to access support as they may come in contact with one of their own patients. If there was a dedicated support pathway for staff working in mental health who have diagnosed mental health conditions or perhaps some sort of fund or grant available so they could access private treatment and support, that would be beneficial.

“I would love to be able to access something that is wholly separate to the NHS and ideally, something that I could access anonymously. It sounds silly but I am so anxious about people at work knowing how much I struggle or coming into contact with one of my own patients at another service. Maybe some sort of fund or grant available so we could access private treatment and support?”

## **Family and friends**

Family and friends were seen as both a positive and a negative when it comes to accessing support. They can help people access support by noticing when someone is becoming unwell and by helping the person speak out and seek support.

“Having a support network of friends or family that can support speaking out.”

“Someone noticing I wasn't myself or being able to notice the signs of a mental illness.”

However, in some cases, people said that they don't want to be a burden to their family or friends so keep their issues to themselves rather than seek support. This was strongly reflected in the focus groups with younger people. Others said they want to reach out for help but do not due to worries of their children being taken away if they do.

“I have an unwell parent as well – it would cause them to have a mental health break down if I went to them for support, which is why I need services, I don't have any other family so I would rather keep it in than share to my parent.”

“I don't want to be a burden. I end up keeping it to myself, so I don't do people's heads in. I can only tell mum at the right moment so she can cope with it but then that puts you off with sharing.”

“A teacher once said to me you are upsetting the other kids because you are too depressed, so I got good at hiding it.”

Some respondents said they would like to seek support but are too anxious to do this by themselves (for example, go to a support group for the first time by themselves).

“My anxiety stops me getting involved. If I could take a friend to start with then I could probably go on my own afterwards.”

## **Logistics**

Several people said they would like to access support, such as community support groups and services but many only run sessions during the week and during the day, meaning people who work during those hours cannot always access these services. Others (in particular the farming community and carers) said it is very difficult to find the spare time in the day to access support. One person said she works six days a week and has to take holiday to go to appointments as they only offer things during the working week. She expressed her frustration when the CMHT cancelled and moved appointments at the last minute meaning she lost holiday and had to take more time off.

“Services [need to be in the] early morning and evening.”

“No time as caring for others and very difficult to get away.”

“Time would be a big factor – I don’t get much spare time to access support. Any spare time I have I want to spend with my family as it’s rare.”

Issues with transport were also mentioned as a barrier for many. Public transport in rural areas is often lacking and alternative options, such as taxis, are expensive. One person said Mind was really helping them, but they had to set off at 5am for a 2pm appointment because of the rurality of where they live and the lack of public transport which wasn’t

sustainable. Others said being unable to get childcare means they are often unable to access support or attend appointments.

“Lack of transport stopping people getting to peer support. Also issues with people not being able to use public transport and having no other form of transport/taxis are too expensive.”

“There is a place near me where you can meet someone for a cup of tea. The event is 11 to 2pm however there is only a bus at 8am or 5pm to this place so there is a lot of standing around in the cold. Bus and train times do not coincide with groups at all.”

“Childcare support to attend appointments or acknowledging need to arrange childcare and offering flexibility with appointments.”

### **Lack of information**

Many people said they find it hard to access support as they don't know where or who to go to for help. The system is complicated and if people present with complex issues they are often continually passed around and don't know who they need to see to get the right support for their specific needs. Some people said although there is some information available online, it is not always up to date and not everyone can access it.

“Knowing who we're supposed to go to and in what circumstances. Having a single person (or role) or a team that is clearly the co-ordinator for mum's care would make all the difference but it's like every door is slammed in your face. I do sometimes feel bad that I will latch onto one person who has been helpful, and you go to them for everything regardless of it being their job because they seem to be a person who 'gets things done'.”

“No-one in the system really seems to have an idea of where help is supposed to come from and just pass you to someone else who also doesn't seem to have any idea. It feels like there are so many hoops to jump through that anyone with messy issues is never going to qualify.”

"I think there is lots in the community if you are able to use the internet and search online."

## General feedback about services

Before the specific feedback about different services is explored we will first cover the positive and negative feedback that was shared about the system as a whole.

### What was good

Counselling was often praised for giving people the chance to talk through their issues, thoughts, and feelings in a safe, non-judgmental space. People also said counselling helped them to better understand their emotions, reframe their thinking and gave them techniques to help manage their condition.

People praised the quality and effectiveness of support when they were included in decisions about their care and had choice and control over what type of help they received. This approach ensures support is delivered to meet people's needs; for example, whether support is given over the phone or in person. One person said having someone with lived experience involved in their support was also beneficial.

There were positive comments about the kind and caring staff members people have encountered throughout the system. Those who have worked with staff who are kind, empathetic and non-judgmental said this has allowed them to build up a good, trusting relationship which has resulted in positive outcomes.

*"Accessed talking therapies and found it a positive experience as he gave me the room to talk."*

*"I have spoken to the staff from my college before which helps me manage my communication and emotions...we worked on how to recognise my emotions."*

*"I learnt techniques to help me calm down like learning breathing techniques, one is the body scan which is feeling and noticing every part of your body and focusing on your breathing. It really helped."*



“Counselling was good because it was 1:1 and I built a good a good relationship up with my counsellor. They didn’t let me down and I trusted them.”

“I felt fully included, I was able to voice all my concerns and felt fully supported by the group and individual. It was fully in my control and was done in my own time. Also having someone with lived experience and who gets it helps.”

“I have accessed support over the phone about my anxiety, I found it easier over the phone so no one was looking at me and I could do it from home.”

## **Challenges experienced**

Many people questioned the nature of support, particularly that they have only been offered short-term help, which they don’t feel is enough time to deal with the complex issues they are facing. One respondent said she has been bounced between many different services over the years and feels that none of them offered her enough time to talk or to understand why she feels the way she does; while each service helped in a small way nothing was consistent or in-depth enough to make a real difference.

“Six weeks is just not sufficient... Real change takes time and patience. My mental health has taken years to deteriorate and it’s ridiculous to suggest six weeks fixes it.”

“I had a psychologist for a short space of time who ‘opened the can of worms’ about a lot of things I went through when I was little but it was then just left open. The psychologist left, I was never re-assigned to anyone.”

“It worries me when the professionals constantly remind me that support will come to an end and when it does, I tend to revert back.”

“Everything is a few weeks only and it feels like you have to suddenly get better. Most professionals seem to not have time to listen and if you have lots of issues you’re treated like a nuisance. I want proper help to actually get better and not just fill me with pills to hide the problems.”

Respondents in the younger people's focus groups said support abruptly ended at 18, leaving them to join long waiting lists for adult services. This issue was explored in further depth in Healthwatch North Yorkshire's report that focused specifically on younger people's experiences of mental health services.<sup>2</sup> The lack of support for those transitioning from army life to civilian life was also mentioned.

"I was dropped by Child and Adolescent Mental Health Services (CAMHS) when I was 18 and had a month without any support while I moved to a different service. That is not good. Some friends weren't accepted by CAMHS when they were 17 and a half and the waiting lists were more than six months long, so they would have been 18 by the time they got any service. So they were told to go somewhere else."

"I felt like there was no proper transition when I left the army. They didn't really prepare me for being back in the real world and I left without knowing where to turn if I needed help."

Inconsistency with staffing was a key concern as was the lack of coordination between services. Respondents said there seems to be no linking between different services, no one is held accountable and no one within the system seems to know what services are available.

"My psychologist has changed three times due to people leaving. It hinders forming any kind of trust to discuss issues and makes me feel like I am a nuisance."

"What made it difficult for me, was the use of locum staff, lack of continuity."

"I feel like the whole system is fundamentally broken with no proper linking between different organisations (even within the NHS), IT systems that don't/can't talk to each other, staff not accountable for not doing what they should."

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<sup>2</sup> [Young people's mental health experiences, May 2022.pdf](#)  
[healthwatchnorthyorkshire.co.uk](http://healthwatchnorthyorkshire.co.uk)

“Seems to be very poor levels of knowledge about what mental health services are available. Lots of information on websites like GPs and connect – really frustrating to find something that you think will help to then learn it no longer exists.”

There were a number of issues raised about the types of support offered, especially CBT. Despite lots of praise, a small sample of people (particularly those who are neurodiverse) said they did not find talking about their issues helpful, which further highlights the importance of person-centred care.

“CBT was not helpful, I didn’t want it, I wanted talking therapy but all I kept being offered was CBT. I didn’t find any of it useful at all.”

“CBT – doesn’t address the PTSD emotional overload – how do you logic your way through emotion?”

“I tried talking therapy, but she kept focusing on the bad experiences in my life which just made me unhappy. I was expecting it to be about the positive times to help improve my mood”.

Others agreed that services are not always person centred, do not take into account the complexities of their lives and do not understand the impact other factors such as housing, financial problems, relationships and other health issues and conditions all have on their mental health alongside their diagnosed condition.

“I got nothing from the Tees, Esk and Wear Valleys NHS Foundation Trust. There was a multi-disciplinary team meeting about me, but I wasn’t invited. The consultant hadn’t even read the guidelines about mental health and autism. They thought all my issues related to autism and would go away.”

Many expressed issues with staff attitudes, such as staff not having empathy, compassion or understanding and being dismissive. Others questioned the rigid criteria for support, meaning some people do not

qualify for support even if they need it. For example, people could not access support for their eating disorder as their Body Mass Index (BMI) was not low enough; or people with a dual diagnosis have their different conditions treated in isolation.

One person said services have argued about where he should go, with mental health services saying his main issue was a learning disability and when he was assessed for learning disability help, they said he needed mental health help.

“Feeling unvalued, not treated like a human being, just a name on a page.”

“Help not consistent – very dependent on the quality/empathy of the individual workers.”

“The whole system seems to not work, or certainly not for people like me. There are so many criteria, rules, forms, signposts and the like. On the rare occasion I did get to talk to a human, it felt like they were guessing about what should happen next and I felt that the second I walked out the door, I was forgotten or worse, deliberately ignored.”

“We approached the doctor and were told that she was now within adult services and there would be a significant wait as she was not at crisis point and couldn’t access eating disorder help as her BMI was significantly above the ‘required’ level.”

Healthcare professionals being late to appointments can cause high levels of stress and anxiety as can uncomfortable, unwelcoming or inappropriate environments for appointments. This is particularly difficult for some people who are neurodiverse.

“Healthcare professionals need to ensure that appointments are on time. Lots of people prepare carefully and build up to appointments. It is very distressing if appointments are delayed and even worse if no-one tells you.”

"[I have] very high anxiety. [My] wife supports me if I have to contact services. I do attend the community mental health team service but find this so very stressful just going into the building. [Its] even worse sitting in the waiting room. It's never on time, which adds to the stress and anxiety - having to be around strangers in the waiting room."

## **Specific feedback – primary care**

### **GPs, first contact mental health practitioners, improving access to psychological therapy programme**

#### **Positive feedback**

Within the feedback there was some positive praise for GPs, with one respondent saying their GP seems to be the only one fighting their corner, helping them feel believed and understood. Others said their GP makes them feel listened to and has referred them for specialist help or has introduced them to local community groups which has been beneficial.

"The NHS has really helped, particularly my GP who always listens and who has referred me for specialist help a number of times."

"I've found most GPs helpful, they referred me into a service called Connect Well, which then introduced me to local community groups, one of those being Mind which helped me to socialise more and get out and about."

Some people praised their GP for referring them for counselling first before immediately prescribing them with medication. One respondent said their GP is well linked with their Community Psychiatric Nurse (CPN) which means there is good continuity of care.

"Initially [the] GP wanted to put me on anti-depressants but then suggested counselling which helped without the medication. The GP was really helpful and assessed the situation accurately rather than just go straight for medication."

“My GP has been really good and has signed me off work for a month and offered me medication. I declined the medication and he was supportive of that, saying I could always change my mind later on if I wanted.”

“My GP is really good and very joined up with my CPN so there’s good continuity of care across my mental and physical health.”

There was also some positive feedback about First Contact Mental Health workers within GP practices. One person praised the system, saying their First Contact Mental Health worker is kind and understanding and has been able to refer them to other avenues of support. The need for the First Contact Mental Health workers to have a good base of experience and understanding of different conditions was a key point raised; one respondent said they didn’t think that someone just starting out would have had the same positive impact on her.

“In lockdown I was feeling isolated, getting depressed partly due to lockdown and partly due to trying to get back into work after a long time out due to my mental health. Someone suggested going to the First Contact Mental Health worker at my local GP. I wasn’t sure, but I self-referred and went. She is an ex-community psychiatric nurse and is very experienced.

“It was so positive as I finally felt like I was talking to someone who understands. We talked about what I needed and she challenged me in terms of whether I wanted help or not. I do, and she has referred me to see a psychiatrist/psychologist, which is what I want. She has also referred me for an assessment for ADHD/neurodiversity as we both think this may be a better diagnosis for my issues.”

““The first contact mental health workers system is superb. I can get support and advice from a professional who understands and can refer or signpost me to the services I need.”

## Issues experienced

Some people felt dismissed, not listened to or taken seriously when they approached their GP about mental health issues. Going to the GP when experiencing mental health issues was the first port of call for many, which highlights the importance of this first interaction being positive; otherwise, people are reluctant to ask for help again which can lead to their mental health deteriorating.

"The GP we first went for help should have listened and taken what my family were saying seriously. She wasn't interested at all and just didn't listen."

"The GP experience was terrible, you're made to feel like an annoying statistic instead of a person."

"What is the point in going to the GP? They don't understand and don't take my concerns seriously. They tell me to see how I am feeling and come back if it gets worse."

One person said he went to the doctor to talk about his mental health because he was feeling suicidal on a regular basis but felt he wasn't taken seriously and the doctor was only interested in talking about his weight which he wasn't in a position to think about as his mental health was so bad. He said he has tried going back to the doctor a couple of times but it's just a repeat of his first experience and he has called crisis services but they point him back to his doctor. He said he has very little faith in the health service and is frightened of going back for any health issue as his weight is always the main focus, regardless of why he is there. He feels it would have been very different if he had walked into an environment that was more supportive and listened to what he was saying rather than diving straight into his weight.

Some of the feedback we received about GPs was regarding difficulties people have faced when trying to even make an appointment at the GP about their mental health issues.

"I was so depressed, but I had nobody I could contact to talk to. I needed somebody to listen to me. I needed to scream, shout and cry but I couldn't get an appointment with the GP. I broke down in tears at work and was sent home. I could not get an appointment to speak with a GP, even after I had explained how desperate I was.

I went to the surgery and broke down in tears at the reception but was still told nobody was available to see me – I was told to go back home. I then received a phone call to ask me to go back to see the Nurse Practitioner and I am so pleased they saw me that day, otherwise I just don't know if I would be here now."

A number of people said they feel some GPs are too fast to prescribe medication rather than talking through what might be causing their mental health issues first. There was recognition that medication can be helpful for some people, however it is not the most suitable or effective option for everyone and should not be the only treatment offered.

"I have been on anti-depressants most of my adult life, I went to the GP asking for support and he put me on tablets, there was no other support offered so I didn't think any other support existed."

Those who do find medication helpful raised issues about obtaining their medication in a timely manner, with some respondents saying the long waiting times for appointments at their GP have meant they have sometimes had to go without their medication as it cannot be given until reviewed by a GP.

"When I have gone to pick up my medication, the pharmacy has said you can't have these without an appointment. It takes ages to get an appointment, then I have to wait for meds to come back in. By this point, I am getting worse again and getting withdrawal symptoms.

Sometimes just to pick up the phone, book an appointment or visit the GP is a big thing for me, so some more training/understanding needs to be given around the subject. We are not taken seriously or listened to in



some GP practices. Not giving us our meds can be dangerous. If someone needed heart pills or pills for their body, they are taken seriously but when it comes to medication for mental health it's like they don't understand."

There were some negative comments NHS Talking Therapies for anxiety and depression (formerly known as Increasing Access to Psychological Therapies (IAPT)), with respondents saying waiting times are very long and in some cases referrals have not been responded to. When some people did manage to access support they said what is offered is not always helpful or appropriate. One person said her daughter self-referred to IAPT, which took a long time. Once she was receiving treatment she was 10 sessions into a 12 session course about social phobia when she was told there was nothing else they could do as she had not improved. When she asked about autism and whether they had noticed anything, they just said that it wasn't something they could do anything about.

"IAPT- this is ok, but none of it is 'rocket science' a lot of the CBT or online services are all very 'samey' and when you have accessed one they can be similar and not always helpful – mental health is not 'one size fits all'."

"I had a referral to IAPT a little while ago but nothing ever happened with it and I never heard back from them."

## **Specific feedback – Secondary care: Community care/CPN/CMHT/ hospital including inpatient care**

### **Positive feedback**

There was some positive feedback about Community Psychiatrist Nurses (CPNs), Community Mental Health Teams (CMHTs) and NHS psychiatrists and psychiatric nurses, with people saying they have been professional and supportive. One person commended the mental health unit in Harrogate and there was praise for the activity coordinator and volunteers at Foss Park inpatient unit. Another person gave positive feedback about the psychiatrist they have been seeing at the Ellis Centre.

"[NHS psychiatrist and psychiatric nurses] have been brilliant with me, professional and supportive and I haven't had any problems getting appointments."

"CMHT and my CPN – she is really good and texts / calls me regularly to check in and see how I'm doing."

"Felt that the psychiatrist (Ellis Centre) has been the best support ever received. I also feel that his assessments were much better and accurate than those carried out by neuro-psychologist. The doctor listens, includes me in decisions, gives full information and is so very understanding and supportive."

## Issues experienced

Issues with a limited number of therapy sessions being offered by Community Mental Health Teams (CMHTs) was raised. One person said she has repeatedly approached services for support, but the CMHT offers nothing, signs her off as she is seen as 'too well' and refers her to IAPT which assesses her as unsuitable due to her complex needs.

"CMHT gave me six therapy sessions which were not helpful, no useful suggestions, no feedback. I ended them before the sixth. Following CBT sessions I was told: 'You've had some therapy now, you should be OK' – this was not helpful and doesn't make you feel good."

A few people said they felt that inpatient care did more harm than good as it wasn't about treatment, but just preventing people from doing harm; the lack of activities means people end up having lots of time to think and therefore worry. There was some specific negative feedback about The Ellis Centre, particularly in relation to dual diagnosis. For example, one carer who has an eating disorder and severe anxiety said the service will only concentrate on one area of need at a time, when both conditions are causing the severe mental health issues. Issues surrounding the lack of follow up support after being discharged from inpatient units was also raised; one person said they spent time in a specialist Eating Disorder Unit where they were able to follow their care plan and control their urges but

once they were out of hospital, they didn't have any support so just reverted.

"When I was in Cross Lane, I never felt it was really helping, it was just a place to leave me, so I was safe. There was rarely anything to do and the boredom just gives me more time to think and worry. We had some activity co-ordinators for a while, but they didn't really run anything they ended up being nurses because of staff shortages."

## **Specific feedback – crisis care: Crisis team/A&E/Samaritans**

### **Positive feedback**

Several people praised the support they had received from the Samaritans when they were in crisis, with respondents saying the people they spoke to were kind, caring and offered a good listening ear. People also praised the Shout text service, which is a free, confidential, 24/7 text messaging support service for anyone struggling to cope. There was some positive feedback about when the crisis team conducted home visits too.

"I have used the Samaritans regularly and the Shout text service when I just need to offload without worrying about what I say and how I say it. Both are a useful stopgap when things just get too much, but I know they're not a long-term solution."

"Crisis Team, I've always found them helpful, they have done home visits when I've come out of hospital."

"They [the crisis team] conducted home visits for a period which was good as I felt reassured someone was coming to check on me when I couldn't go out."

## Issues experienced

Issues were raised about getting through in a timely manner to the Tees, Esk and Wear Valleys NHS Foundation Trust crisis line. People said they have tried to call the crisis line multiple times and have been unable to get through, with some waiting for up to an hour for the phone to be answered and others said they gave up after a number of unanswered calls.

“Calling the crisis team and having to hold for up to an hour or not getting through at all. This doesn’t help when you’re worried that you’re cracking up and there’s nobody available to talk to. I have waited for an hour to speak to someone before.”

“Crisis could answer their phone. I recently gave up after phone ringing unanswered in 45 minutes – four times tried unsuccessfully to ring. This cannot be called or described as a crisis response service.”

Some respondents said when they get through, the advice offered is not always helpful and can feel patronising. For example, telling people to have a cup of tea or a hot bath. People also mentioned the lack of empathy, understanding and compassion from crisis line staff.

“Crisis team needs to give better advice than ‘splash your face with water’ ‘watch Netflix’ or ‘have a bath’. It felt as if we weren’t listened to. It was condescending.”

“I had the crisis team hang up on me cos they said I was threatening her, and I wasn’t. I told them I wanted to die. The crisis team said if I really wanted to kill myself, I would have done it.”

Issues with the support offered from A&E when people present at crisis point was also raised, with some saying they have been sent back home when feeling suicidal.

“The service [A&E] was awful. I know they are busy and understaffed but there’s sometimes nowhere else to go when you’re at rock bottom. I didn’t even get a private conversation with a doctor or a nurse.”

“I was going to commit suicide and they [A&E] just sent me home after a long wait, saying there was nothing they could do. That experience was awful.”

## **Specific feedback – charities and community groups**

### **Positive feedback**

There was a lot of positive feedback and praise received for the services and support provided by charities and community groups across North Yorkshire.

“I just want to say how grateful I am to all the charities out there that have helped me in the past and continue help me. They are such a good source of support and I’ve also met some lovely people through their activities. If they had more money, they might be able to fill the gap in services because there are so many people out there who need mental health support right now.”

Respondents said they appreciate the more personal approach of charities, with many saying it is great to be able to talk to someone you can be completely honest and open with who will provide an independent viewpoint or simply offer a listening ear. There was also praise for the range of different groups and activities run by charities, with people saying it is good to have a non-judgmental, safe space you can go and speak to likeminded people and do activities or tasks that help focus the mind such as art or craft workshops. The great support offered by volunteer befrienders, peer support workers, outreach workers and advocates was also mentioned.

“I know I can ring the team at Mind and there’s always someone to talk to and I’ve gone along to some of their social events, walks and things like this.”

“During COVID-19, I went to a keyworker art therapy Zoom class for a few weeks which was a really positive experience, more so that the other keyworkers were from different sectors, and I felt a bit more comfortable opening up a little – although talking wasn’t a requirement! They sent a little kit to my house and then we got together on Zoom and worked on a variety of tasks, my art was dreadful, but I benefitted from having something entirely new to me to focus on and I found the facilitator really calm and insightful.”

“I feel like charities can give a personal approach and other services don’t. Charities are more responsive; I have been in touch with various services and they said they could only talk in the appointment but the charity response is so much more.”

“SleepSafe Selby was there when I thought no one was. They saved my life.”

“The charity offer really met most of my needs. The outreach worker was a totally new approach for me, she got me to write my own support plan with what I needed most, and I’d never tried that before. It changed a number of times as I got more honest but it really helped figure out what I actually needed.”

“My advocate is from Mind and she’s been with me about four months and she’s got a few things moving and has been really kind and listened but was very honest that she isn’t a specialist in serious mental illness but will try and find the “right” place for me.”

Some people said they have helped to run services and drop ins in the past. Of the 47 people who have helped run services (this question was only asked in the survey), 64% said they found this beneficial, with one person saying working as a peer support worker helped build their confidence and another praising the benefits of volunteering.

“I volunteered as a peer supporter with two people and it really helped my confidence, and I got loads of support, probably more than I got as a service user!”

“I volunteer at a local group which has lots of support – mostly the support we give is to young girls and that helps me feel better as I feel I am making a difference to them and being there for them. When we are running the sessions, I am not thinking about anything other than the girls at the session.”

## Issues experienced

The main issue raised with the services and support offered by charities and community groups was that some of the support is limited by the capacity of the charity, meaning counseling and other support is often only short term. Some respondents expressed their disappointment that useful support groups they have accessed in the past have stopped due to lack of funding.

“I talk to my advocate regularly and she is brilliant for just getting stuff sorted but she works at a small charity and there’s only so much they can do.”

“I used to go to a group therapy thing– I went two days a week for a year, and we did all sorts of things like art and drama therapy. It was really good, and I liked being with other people so that we could support each other. We were all sad and angry when we had to leave because it closed.”

A number of staff and volunteers for local charities told us that they sometimes feel undervalued by the NHS and are often seen as a ‘dumping ground’ where anyone and everyone is sent. Some staff talked about having had their qualifications or expertise questioned in meetings by NHS staff and others mentioned multiple instances of staff not returning calls or responding to emails when there is joint working with a client. Issues around the constraints of VCSE funding were also raised.

“Complete lack of understanding about constraints of VCSE funding, what we can and can’t do within a funded project – i.e. the funding is contingent on very specific work so when we say no, it isn’t to ‘be awkward’. Funding is often very small and so staff and organisations

have no solid foundation, there's a reluctance to pay full cost recovery which means charities having to top up NHS funding from other sources (e.g. funding not wanting to cover travel costs, mobile phones for lone working etc.)."

"Services and funding opportunities seem very out of step with what people are needing/asking for on the ground and where we do have services that are needed (e.g. counselling) they are quickly overwhelmed with demand."

## **Specific feedback- social care/North Yorkshire Council**

There was some feedback about support from North Yorkshire Council, with praise for the Living Well team, social workers and employment coordinators. One person said the one-to-one support they receive from their social worker is really helpful. Others praised their support worker for helping them to get out of the house and not feel alone. However, issues were raised with these workers being over-stretched, which limits what they can offer and means they sometimes miss appointments.

"My support worker coming round twice a week has helped me to start moving forward. It helps me get out and go for a walk, I am not on my own."

"I have an employment coordinator at North Yorkshire Council, who is a great help to me. However, she is incredibly stretched at maximum workload. Help is not offered; you have to go looking for it. If my parents had not requested a social worker for me, I would have no help at all."

## **Specific feedback- private care**

Some respondents mentioned accessing private services and support, where they can afford it, due to the care they needed not being available on the NHS or due to long waiting times for NHS support. One person said Eye Movement Desensitisation and Reprocessing therapy (EMDR) really helped their Post-Traumatic Stress Disorder (PTSD) but this was only



available privately. There was positive feedback from one respondent about the inpatient service their daughter received at a private hospital, where the care was holistic, and person centred.

“EMDR has been amazing but I ended up paying for it privately as it’s not really available anywhere. I think it could be so useful for people with PTSD and is often quicker and more effective than just talking therapy.”

“We knew [at the private inpatient hospital] she was going through talking therapy, group therapies and holistic activities including exercise which she had always found benefitted her mental health, alongside working with a dietician, access to good food on site and psycho-education around food, nutrition and cookery lessons. All of this gave her an entirely new take on seeing food as a foundation rather than an enemy. By the time she was discharged she was 15 and was a changed girl, both physically and emotionally.”

## Recommendations and commitment plan

System Improvement Recommendations from Healthwatch North Yorkshire	Detailed Recommendations from Healthwatch North Yorkshire	Progress To Date & Commitment Plan from North Yorkshire and York Mental Health Alliance	Timescale
<b>1. Consider the nature of support by shaping services and treatments to meet need more flexibly</b>	1.1 Ensure support is provided for people before, during and particularly after their treatment. Suggest that the Scarborough, Whitby & Ryedale pilot projects being run by Scarborough Survivors and Revival North Yorkshire are reviewed, and if found to be successful, replicate this work across other areas in North Yorkshire.	We have commissioned several pilot projects supporting people's mental wellbeing commissioned via the Transformation Programme. These will continue to be reviewed and evaluated quarterly by the place-based planning groups. Learning is shared across North Yorkshire to inform the place-based priority setting and commissioning. It is the ambition of the Transformation Programme that all support needs to be personalised and led by genuine coproduction across the community.	Short- term (within the next 12 months)
	1.2 Ensure there is consistent and connected support in place for young people so that they do not feel abandoned when they reach 18 and have to start again to access adult services. Suggest that a protocol should be developed and piloted that enables a smooth transition between young people's and adult services.	This Transition Protocol is currently being developed across the Integrated Care Partnership (ICP) CAMHS and Adult services. Learning from this will be rolled out as part of the general pathways by operational services. Primary Care Networks (PCNs) and the Trust (TEWV) are exploring the potential to appoint Childrens' and Young People specialist practitioners in Primary Care. One of these new roles is already in post in two North Yorkshire PCNs.	Short- term (within the next 12 months)
	1.3 Ensure at all engagement points, primary care services offer people a range of treatment options, not just medication. Mental health and healthcare professionals should inform people about the range of options available, including virtual support	New First Contact Mental Health Practitioners (FCMHPs), employed in partnership with Primary Care and the provider Mental Health Trust (TEWV) are now in post (more will be employed throughout 2023/24). These senior practitioners provide the first point of access in Primary Care Services, providing an assessment of mental health needs and where	Short- term (within the next 12 months)

	<p>and medication so people can make informed choices about the right option for them.</p>	<p>necessary, a range of brief interventions. They will also liaise with specialist services, voluntary and community services i.e. Social Prescribers, Peer Support etc to help someone find the right care for them in the community where they live. Each Primary Care Network (PCN) may have up to 3 of these specialist practitioners</p>	
	<p>1.4 Develop flexibility in mental health interventions, so more sessions can be provided (where the person and professional agree) that recognises the person needs additional input before discharge or before moving to a different treatment.</p>	<p>The Transformation Programme has already led to a range of new specialist practitioners being employed, co-working with services across the whole system with an aim to increase access where needed to psychologically based interventions, to ensure that the relevant treatment options are explored and accessed in a timely way. New Primary Care practitioners allow more joined up working across secondary and primary care services. The development of new Community Mental Health Hubs will also increase access to a range of interventions based on individual needs</p>	<p>Medium term (within the next 1-2 years)</p>
	<p>1.5 Invest in and provide more opportunities for talking therapies and particularly counselling (face-to-face and virtual) via all sectors. However, recognise that this is not appropriate for everyone, particularly for some people who are neuro-diverse.</p>	<p>The Transformation Programme aims to increase access to evidence based psychological therapies across North Yorkshire, to be commissioned at place and based on the needs of the people living in those areas. The Alliance has already invested significantly across the Voluntary, Primary Care and Specialist services over the last 2 years and will continue to over the coming year including new specialist posts for people with complex and emotional needs, people with eating disorders and those that require mental health rehabilitation. In addition, we have recruited new specialist practitioners, working in Primary Care that increase access to talking therapy and reduce waiting times. We are currently exploring a range of other roles including those to be provided through the VCSE sector.</p>	<p>Medium term (within the next 1-2 years)</p>

	<p>1.6 Put processes in place to ensure (as far as possible) that those staff delivering treatment are consistent and support people throughout their treatment journey so a rapport and understanding can be built. Where this is not possible, ensure treatment programmes are extended to recognise that additional time will be needed for the patient to build up trust with a new professional before they can fully re-engage with their treatment.</p>	<p>We are currently exploring the development of new roles including peer support and care navigators that help people engage with the help that they require, helping to build rapport and supporting individuals to connect with their wider community. We are also looking to replace the current system of Care Coordination with a much more individualised, needs based approach. We are exploring the development of new Mental Health Hubs across North Yorkshire which will link services much more closely around an individual's needs.</p>	<p>Medium term (within the next 1-2 years)</p>
	<p>1.7 Suggest that First Contact mental health Practitioners should be employed across all Primary Care Networks and be available, where possible, at all GP practices to support the local population. This would include developing a recruitment plan to ensure these roles are not taken from the existing workforce; there needs to be an increase in resource rather than resource being reallocated to different roles across the system.</p>	<p>A recruitment plan is in place and ongoing discussions regarding the development of a range of these roles across North Yorkshire and York are on track for all 19 PCNs to have up to 3 of these roles in post by March 2024. Discussions are also underway regarding additional alternative roles.</p>	<p>Medium term (within the next 1-2 years)</p>
	<p>1.8 Expand the provision of care coordinators who can help people accessing mental health support, particularly people with complex needs or dual diagnoses. Undertake a continual review of these roles to ensure they are informed and effective in helping people navigate the complex</p>	<p>There is a plan to replace the existing Care Coordination (CPA) with a much more individualised, needs based approach. This will mean that people will have the most appropriate keyworker helping them connect to services. The Trust has set up a work programme to implement the new guidance with support from stakeholders (including people with a lived experience and carers) across the whole system</p>	<p>Longer term (within the next 3 years)</p>

	<p>system and reduce the difficulties of being referred to multiple services or being passed between services.</p>		
	<p>1.9 Explore providing people with a 'personalised mental health budget' which they can use to purchase appropriate support from agreed suppliers. To support this we would recommend that learning is taken from three pilot projects recently launched by the Humber and North Yorkshire Health &amp; Care Partnership in Hull and Grimsby (these include Matthews Hub, Rock Foundation and Faraway CIC).</p>	<p>We will look to learn from the pilots and look to take this forward with the Humber &amp; North Yorkshire Mental Health Care Collaborative.</p>	<p>Longer term (within the next 3 years)</p>
<p><b>2. Optimise the conditions for a person-centred approach</b></p>	<p>2.1 All mental health services and information should meet the Accessible Information Standard and people's needs around information and service provision should be included in their personal health record and met in all communication and contact.</p>	<p>All stakeholders to carry out a review of this information and processes to ensure that they comply with these standards. We are currently looking to simplify the recording and sharing through single records across primary care and the new mental health hubs</p>	<p>Short- term (within the next 12 months)</p>
	<p>2.2 Update organisations' records systems to enable the recording of information about other issues that impact on someone's mental health (such as housing, finances, family, caring responsibilities and other health conditions). Ensure this happens and frontline staff are briefed to include conversations about these issues as part of appointments.</p>	<p>There is a significant amount of work currently underway to explore options to achieve this. We are looking at the potential of an App based approach in Primary Care which will greatly improve the interoperability of data (the ability to share data between systems). This will be of particular benefit in the new Mental Health Hubs as they emerge, where there is a multi-agency presence. The Trust is also introducing a new and improved patient record (Cito) from July this year. This will allow</p>	<p>Short- term (within the next 12 months)</p>

		much better flow of information and connection with other systems such as System One in Primary Care.	
	2.3 Ensure records systems include people's transport needs or issues and people's preferred appointment times and locations.	Organisations will review their systems to investigate what additional recording is possible.	Short- term (within the next 12 months)
	2.4 All patient facing staff should receive comprehensive training in person-centred care and this approach needs to be embedded in all mental health service delivery in the NHS, council and charity sector across North Yorkshire. This should include training, for example, about neuro-diverse conditions, armed services communities and their needs and other specialisms.	There is a plan in place to deliver Trauma Informed Care and Neuro-diverse training to staff across VCSE, Primary Care and Secondary Care services over the coming year. A significant number of staff have already been trained regarding Mental Health awareness but training continues, including Mental Health First Aid training for VCSE staff.	Medium term (within the next 1-2 years)
	2.5 Recognise that a neuro-diverse condition is not synonymous with a mental health issue. If people aren't appropriately supported with their neuro-diverse condition, they won't benefit from mental health support where that isn't the core issue or where mental health professionals don't understand neuro-diverse conditions.	The planned training aims to reduce/remove the barriers to accessing Mental Health services for people with such needs.	Medium term (within the next 1-2 years)
	2.6 Learn from other initiatives that effectively support people from seldom heard groups, e.g. farmer initiative in Wales ( <a href="https://phw.nhs.wales/services-and-teams/knowledge-directorate/research-">https://phw.nhs.wales/services-and-teams/knowledge-directorate/research-</a>	There are a number of initiatives across North Yorkshire to increase access to support for those communities that are hard to reach including Farmers, Veterans etc. We will ensure that the learning feeds into the development of such services including	Medium term (within the next 1-2 years)

	<p><a href="#">and-evaluation/publications/supporting-farming-communities-at-times-of-uncertainty/</a>).</p>	<p>engaging with Farming Community Network and National Farmers Union about the farming community.</p>	
	<p>2.7 Review and reconfigure (as needed) all spaces used for patient contact and ensure they meet everyone's needs, including people with access needs, neuro-diverse people etc. Where appropriate, meet people in spaces where they feel confident and comfortable, and not necessarily in a clinical setting.</p>	<p>The design and operation of the new Mental Health Hubs will reflect these needs. The design of these spaces is/will be co-produced with people with a lived experience of a range of conditions including Neuro-Diverse, Hard of hearing etc. All new TEWV buildings are designed with accessibility in mind and fully comply with the necessary standards. A review of other buildings will be carried out and an action plan developed.</p>	<p>Medium term (within the next 1-2 years)</p>
	<p>2.8 Suggest developing a 'person-centred passport' to include information about someone's condition, and what helps or hinders their health appointments. This should be completed by the person in partnership with family (as appropriate) and a healthcare professional. A copy should be available on their file, but they should also have a hard copy that they can take to appointments and share to make that appointment easier. Daisy Chain can share an example that they use successfully.</p>	<p>We are looking to develop an improved and individualised, needs based plan, co-produced with everyone accessing Mental Health services across VCSE, Primary Care and Secondary Care. Nationally, the Care Programme Approach (CPA) will be replaced by a much more needs-based approach over the next 1-2 years.</p>	<p>Medium term (within the next 1-2 years)</p>
	<p>2.9 In partnership with the voluntary community sector, investigate setting up some further peer or other support groups for particular groups of people. For example, family of armed services</p>	<p>This will be taken forward across North Yorkshire and York through the development of new Mental Health Hubs. These will be designed specifically with the needs of the local population serviced and will be co-produced with people with lived experience from these specific groups.</p>	<p>Medium term (within the next 1-2 years)</p>

	<p>personnel or veterans; family of people with eating disorders; members of the farming community; carers including parent carers; or people who have been bereaved.</p>		
	<p>2.10 Encourage people with lived experience to be involved in the provision of care and support for people with mental health issues via employed / self- employed roles. This could include one to one support, running support groups, offering advice or signposting (including help while people are waiting for support, when they need additional support during treatment and support for people once treatment has ended). Voluntary and community sector organisations should also be encouraged to recruit people with lived experience into appropriate roles if they are not already doing this</p>	<p>This is a fundamental principle of the Transformation Programme i.e. that services are co-created with people with a lived experience and their carers. There are a number of funding opportunities provide via local grants to fund new roles including peer support workers, care navigators, advice and signposting etc provided via the VCSE. Increasingly Mental Health Services are planned and co-created at place.</p>	<p>Medium term (within the next 1-2 years)</p>
<p><b>3. Ensure support is more easily accessible</b></p>	<p>3.1 Provide options for appointments to be offered outside traditional working times, e.g. evenings and weekends to enable people with caring, childcare, work or other commitments to attend and access support and services that meet their needs.</p>	<p>GP practices currently offer enhanced access on evenings and weekends. A range of services including crisis cafes are open extended hours and weekends. New MH hubs once developed will provide extended access to services across all 7 days.</p>	<p>Short- term (within the next 12 months)</p>
	<p>3.2 Ensure information about mental health services and support is shared in as many ways as possible including online, with relevant support organisations and groups</p>	<p>Information is already available in a large range of formats and media including social networks, websites, leaflets and posters etc. We are continually looking to improve this and explore new ways to connect and reach communities. To explore potential</p>	<p>Short- term (within the next 12 months)</p>



	and through leaflets and posters in public spaces. This should include information about specific services, e.g. for the farming community.	for some light touch research on data mapping in terms of the reach via social media etc and how many people are being reached using things like insight on Facebook to gather data on unique users for local websites etc to better understand where the information is best placed.	
	3.3 Provide befriending type support to encourage people to attend community groups, perhaps through the use of support workers or trained volunteers, who could go with people when they are attending groups for the first time.	Some befriending services are already provided by a range of VCSE organisations. We are also looking to include new Peer Support workers in the new Mental Health hubs currently being developed. These services will be co-created with people with a lived experience.	Medium term (within the next 1-2 years)
	3.4 Develop a North Yorkshire wide directory of mental health services and support listing NHS and VCSE services. This should be available in hard copy and online and have funding to ensure the directory is updated at least once a year, including reprinting when needed. For an example see: <a href="https://www.healthwatchyork.co.uk/wp-content/uploads/2021/03/MGWB-guide-web-version-final.pdf">https://www.healthwatchyork.co.uk/wp-content/uploads/2021/03/MGWB-guide-web-version-final.pdf</a>	There are a number of mapping exercises underway or planned over the next year or so with an ambition to improve access and knowledge of services for those that use them and the staff that provide them.	Medium term (within the next 1-2 years)
	3.5 Build on the Community Mental Health Transformation programme learning to develop and deepen partnerships with the voluntary community sector, and work with and fund this sector to provide additional services to complement statutory provision and help meet the needs of the population and especially seldom heard groups.	The programme has increased investment across the VCSE sector to provide supporting and wrap-around services to enhance the specialist Mental Health services through a local grant programme and the development of the Mental Health hubs. There is an ambition to continue to invest and strengthen the VCSE sector across North Yorkshire.	Longer term (within the next 3 years)

<b>4. Recognise the role of family, friends and carers</b>	<p>4.1 Ensure staff (mental health, GPs, secondary care practitioners etc.) are actively encouraged to talk to and listen to the views of carers and family members where a person is not capable of communicating independently, where the family has power of attorney or where the person has agreed to them being consulted.</p>	<p>We are looking to develop an improved and individualised, needs based care plan, co-produced with the person accessing care and where appropriate, their family, care/s and wider friends/community network. Nationally, the Care Programme Approach (CPA) will be replaced by a much more needs-based approach over the next 1-2 years.</p>	<p>Short- term (within the next 12 months)</p>
	<p>4.2 Develop or adapt resources to provide information, advice and ideas for family members in how best to support someone with a serious mental illness, including eating disorders. This should include advice on what to do in a crisis, providing key contact numbers etc.</p>	<p>We are increasing capacity of services to support people with eating disorders including new early intervention roles and working with Beat (Beat Eating Disorders is a registered National Charity) to provide support and training for people with eating disorders and their families.</p>	<p>Medium term (within the next 1-2 years)</p>
	<p>4.3 Resources should also be created that include information and ideas for how someone can maintain good mental health while caring for someone with a mental health issue.</p>	<p>We will look to work together across the whole system and at a place-based level to investigate the need and potential for such support. The needs of carers are already included within an individualised care plan but we recognise that there is more to do. There are a number of resources available including the Recovery college, Carer Support Groups etc</p>	<p>Medium term (within the next 1-2 years)</p>
<b>5. Address issues around negative staff attitudes</b>	<p>5.1 Ensure accessible support is provided to all staff that work with and support people with a mental health issue (including mental health, primary care, secondary care, community and voluntary sector etc.) to ensure that they feel supported and know where to turn if they have an issue that they need help with. Regularly promote</p>	<p>Staff across the whole system have access to the Resilience hubs, employee support and employee psychology services. Additionally staff and services (including VCSE) are supported by specialist trauma informed clinicians providing training and support as required. All clinical staff are provided with regular management and clinical supervision. We are looking to expand this supervision across the VCSE sector.</p>	<p>Short- term (within the next 12 months)</p>

	the Humber and North Yorkshire resilience hub ( <a href="mailto:hnyresiliencehub@nhs.uk">hnyresiliencehub@nhs.uk</a> ) to staff and encourage them to use it.		
	5.2 Ensure all non-frontline staff receive at least basic mental health awareness training.	There is a programme to deliver Mental Health First Aid and Mental Health awareness training to non-clinical staff across North Yorkshire. The provision of this training is regularly reviewed.	Short- term (within the next 12 months)
	5.3 Put in place mechanisms for people with a mental health issue and staff to raise concerns about staff behaviour anonymously; and where that will be addressed with empathy and support. Provide training to support staff members to recognise any poor behaviour.	Staff are supported through wellbeing initiatives and the Resilience Hub. The Trust and Social Care have mechanisms for people to raise concerns including a whistle-blowing process. Staff and people using services are actively encouraged to raise concerns as and when necessary. Organisations will review their current procedures to ensure that this is embedded across the whole system. There will be a need to harmonise and simplify these processes within the new multi-agency Mental Health Hubs	Medium term (within the next 1-2 years)
	5.4 Develop a system to identify and praise excellence in staff that support and work with people with a mental health issue and share good practice across North Yorkshire and the wider Health & Care Partnership. This could include developing good practice seminars, case studies etc. to share with all staff, and staff should be encouraged to read and learn from this.	It is our intention to facilitate this through protected learning time events. Currently we fulfil this function through the regular practice-based multidisciplinary teams (MDTs) and through quarterly North Yorkshire and York based Alliance collaborative meetings.	Medium term (within the next 1-2 years)
<b>6. Improve crisis support and management</b>	6.1 Review crisis provision across North Yorkshire to identify where there are issues, what those issues are and solutions to remedy these. Such a review should assess	The Trust, in partnership with a number of VCSE providers is currently reviewing this service and an alternative single solution being explored. The review will take into account the	Short- term (within the next 12 months)

<b>across North Yorkshire</b>	the impact of the recently introduced two tier crisis line and include feedback from service users about the priorities for a crisis line. Also identify and learn from good practice in crisis support from elsewhere across the country or beyond.	views and experience of service users and carers and future solutions will learn from areas of good practice elsewhere.	
	6.2 Develop a follow up service to contact, engage and assess anyone who has been seen at A&E following a suicide attempt or mental health crisis within a specified timescale.	We will explore a range of place-based and system wide approaches as part of the Crisis transformation.	Short- term (within the next 12 months)
	6.3 Provide appropriate ongoing support and training for crisis staff and ensure recruitment procedures recognise the skills needed for crisis staff and involve people with lived experience consistently in interview processes.	We will explore a range of place-based and system wide approaches as part of the Crisis transformation.	Medium term (within the next 1-2 years)
	6.4 Suggest working with Yorkshire Ambulance Service to replicate the emergency mental health service/vehicles that it has been piloting in Hull. Learn from the pilot and if successful roll out a similar approach for North Yorkshire, particularly targeting rurally sparse areas where face to face crisis support is currently difficult to provide.	We will explore a range of place-based and system wide approaches as part of the Crisis transformation. We will look to learn from the pilot in Hull and tailor approaches where possible based on place-based needs.	Longer term (within the next 3 years)
	6.5 Investigate the possibility of developing a virtual hub that is open during non-office hours and can provide support, a listening ear etc. to people experiencing mental	We will explore a range of place-based and system wide approaches as part of the Crisis transformation including the development of further crisis cafes across North Yorkshire; learning from the success of the Scarborough Crisis Café.	Longer term (within the next 3 years)

	distress or needing support as an alternative to the crisis help line.		
<b>7. Improve communications across the North Yorkshire system</b>	7.1 Take every opportunity to counter mental health stigma, including in schools, colleges and workplaces. Learn from the Carers Plus pilot project and expand this to engage employers across sectors.	There will need to be a continued system-wide culture change. Something that will be greatly helped through the development of the new Mental Health Hubs and ensuring that services are co-created with people with a lived experience.	Short- term (within the next 12 months)
	7.2 Where possible, ensure that organisations' IT systems are compatible and those health professionals supporting someone have access to their notes and information. If this isn't possible, introduce better systems to ensure information is communicated in advance and patients don't have to repeat information already provided as part of their diagnosis or treatment.	The longer-term ambition is the implementation of a Yorkshire & Humber Care Record. We are currently looking to simplify systems and where possible i.e. in Primary Care and the new Mental Health hubs, use a single care record. We are also looking at the potential of a number of App based solutions.	Medium term (within the next 1-2 years)
<b>8. Address access issues caused by people relocating and moving areas</b>	8.1 Ensure all services fully enact the Armed Forces Covenant and that no armed forces personnel, veterans or their family members are detrimentally affected by moving to North Yorkshire. For example, ensure places in previous waiting lists are maintained and people don't have to start again in the journey for diagnosis and treatment.	The Trust is a signatory to this covenant. Place-based partnerships will look to ensure that services do not have hand-offs and cliff-edges, a principle that will be applied to all services.	Short- term (within the next 12 months)
<b>9. Improve early diagnosis &amp; intervention</b>	9.1 Ensure young people (pre-adulthood) have opportunities to raise concerns and seek support for mental health issues at an early	CAMHS services (through their transformation programme) are looking at a range of mechanisms to raise concerns and access services including the Thrive model. The North Yorkshire Alliance	Longer term (within the next 3 years)

	<p>stage. For example, within schools, an online assessment tool (app) for young people (aged 14 – 18) could be developed to help assess if they are experiencing mental health issues and need additional support. If successful, this tool should be provided across all schools with every student encouraged to use the app at least every 6 months to help identify any early signs of mental health issues.</p>	<p>will be looking to align more closely with services for younger people. Both transformation programmes (Children and Adults) will look to work more closely, particularly for those aged 16-25 to ensure that people don't fall through the gap as they transition to adulthood.</p>	
	<p>9.2 Reduce waiting times for young people and adults to ensure as quick a diagnosis and treatment as possible.</p>	<p>The Alliance and Integrated Care Partnership have invested in a range of new specialist roles to strengthen and increase access to an Early Intervention in Psychosis, speeding up access to diagnosis and treatment. New specialist Mental Health practitioners in Primary Care and FREED Champions are currently being introduced across North Yorkshire. Specialist Children &amp; Young Person's Practitioners have been introduced within primary care to support with early intervention and accessing treatment.</p>	<p>Longer term (within the next 3 years)</p>

## Thank you

Thank you to everyone who collaborated with us on this piece of engagement work. It would not have been possible without the help and support from a number of different organisations and individuals.

A particular thank you to: Mind in Scarborough, Whitby and Ryedale, Mind in Harrogate and Mind in York for conducting the one to one interviews with people with a severe mental illness. Thank you to the organisations who helped conduct the focus groups: Up For Yorkshire (formerly known as Selby District AVS), Carers Plus, Autism Plus, YaaaG, Blind Veterans UK, Spouse Force, SHAPE-UK (Finchale Group), Sleep Safe Selby, York Housing Association and Skillz Selby. Thanks to all the other organisations and individuals not listed above who shared our survey, promoted the project or helped us gather feedback.

Most importantly thank you to the people who shared their feedback with us via our survey, focus groups or interviews, your voices will help inform and shape the mental health services across North Yorkshire.

## Glossary

- **North Yorkshire and York Leadership Alliance** – includes partners such as Tees Esk Wear Valley NHS Foundation Trust (TEWV), North Yorkshire Council (NYC) and the Humber and North Yorkshire Health & Care Partnership. The Alliance oversee the North Yorkshire Community Mental Health Transformation Programme.
- **Community Mental Health Transformation Programme**– is a five-year national programme funded by NHS England to improve the lives of people with serious mental illness and the way they're supported in their local communities.
- **Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)**– provides mental health, learning disability and eating disorders services. It serves a population of around two million people living in County Durham, Darlington and North Yorkshire (excluding the district of Craven who are served by Bradford District Foundation Trust).
- **Integrated Care System (ICS)** – is where all partners work together across a geographical area, including hospitals, GP practices, community services, pharmacies, mental health services, local authorities to meet the health and care needs of the population by coordinating and planning services in a way that improves the health of people. Each ICS consists of an Integrated Care Partnership (ICP) and an Integrated Care board (ICB). There are 42 ICSs covering England. The Humber & North Yorkshire ICS covers the area of North Yorkshire.
- **Mental health 'system'**– refers to the people, organisations and resources that deliver mental health services at population level including community mental health, GPs and inpatient services.
- **Place-based / At place** – refers to the geographical locations across Humber and North Yorkshire which includes Scarborough, Whitby and Ryedale; Harrogate and Rural District; Hambleton and Richmondshire and the Vale of York including Selby.



- **NHS Talking Therapies for anxiety and depression (formerly known as Improving Access to Psychological Therapies (IAPT))**- was developed to improve the delivery of, and access to, evidence-based, NICE recommended, psychological therapies for depression and anxiety disorders within the NHS.
- **Community Mental Health Team (CMHT)**- provide care and treatment for people with serious mental health difficulties, including but not limited to psychotic illnesses, mood and personality disorders, eating disorders and people requiring mental health rehabilitation.
- **Community Psychiatrist Nurse (CPN)**- work outside hospitals and visit people in their own homes, out-patient departments or GP surgeries. They can help to talk through problems and give practical advice and support. They can also give medicines and keep an eye on their effects.
- **Health inequalities** – means the differences in care and access to services that people receive which are both avoidable and unfair. This is often due to a person’s health status, which can be based on four factors, their income, geographical location (for example, rural or urban), a protected characteristic (for example, gender or disability), and social exclusion, such as being homeless.
- **Seldom heard** - refers to under-represented people who use or might potentially use health or social services and who are less likely to be heard by these service professionals and decision-makers.
- **Severe mental illness (SMI)**- refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired.
- **Task and Finish group** - is a time limited group set up as an action sub group of a larger committee or meeting with the aim of delivering a specified objective.

- **Primary care** - is often the first point of contact for people in need of healthcare, usually provided by professionals such as GPs, dentists and pharmacists.
- **Secondary care** - which is sometimes referred to as 'hospital and community care', and can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture or accident.
- **First contact mental health practitioners**- are working into Primary Care Network's across North Yorkshire, York and Selby to support GP surgeries to assess people contacting them with mental health needs. With their expertise and experience the mental health workers will be able to decide whether someone requires referral to specialist mental health services, or whether an alternative source of support would be more beneficial.
- **NHS Trusts** - an NHS trust is an organisational unit within the NHS, generally serving either a geographical area or a specialised function (such as an ambulance service or hospital service).
- **Quantitative research** - is the process of collecting and analysing numerical data. This includes data from surveys or questionnaires.
- **Qualitative research** - is the process of collecting and analysing non-numerical data. This includes data captured, for example by people in focus groups or one-two-one discussions.
- **Cognitive Behavioral Therapy (CBT)**- is a psycho-social intervention that aims to reduce symptoms of various mental health conditions, primarily depression and anxiety disorders.
- **Eye movement desensitization and reprocessing (EMDR) therapy**- involves moving your eyes a specific way while you process traumatic memories. EMDR's goal is to help you heal from trauma or other distressing life experiences.

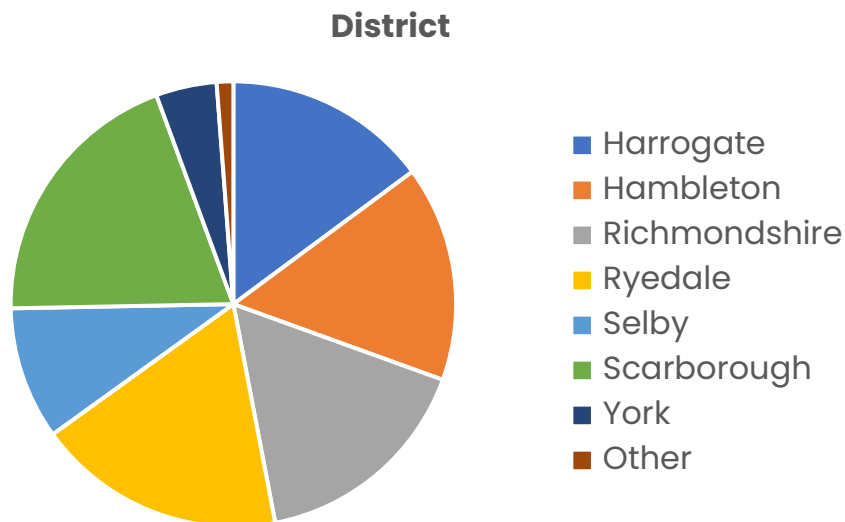
- **Primary Care Networks (PCNs)**- are groups of GP practices working together to focus local patient care.
- **Multidisciplinary team (MDT)**- is a group of health and care staff who are members of different organisations and professions (e.g., GPs, social workers, nurses), that work together to make decisions regarding the treatment of individual patients and service users.
- **Social prescribing**- can meet many different types of non-clinical need, ranging from support and advice for individuals experiencing debt, unemployment, housing or mobility issues to tackling loneliness by building social connections through joining local community groups, such as walking, singing or gardening groups
- **Voluntary, Community, and Social Enterprise (VCSE)**- the VCSE sector is the 'catch all' term that includes any organisation working with Social Purposes.
- **Peer Support Worker**- provides formalised peer support and practical assistance to help mental health service users regain control over their lives and their own unique recovery process.
- **Care Programme Approach (CPA)**- describes the approach mental health trusts use in mental healthcare to assess, plan, review and coordinate the range of treatment, care and support needed for people in contact with their services who have complex care needs.
- **Co-production**- is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

## Appendices

### Appendix one - demographics

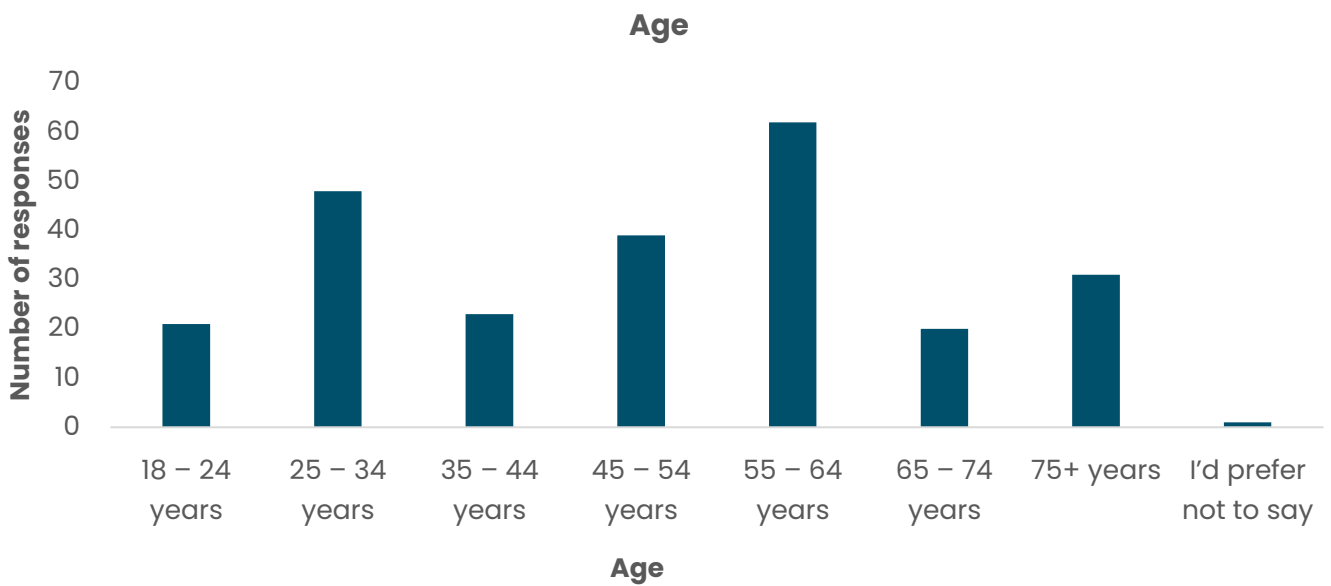
Please note, not everyone in the sample shared their demographic details (particularly in the focus groups) so the below information includes the demographic details of those within the sample who were happy to share.

To contextualise the sample, 70% were female and 29% male (1% were non-binary). 97% were the same gender they were assigned from birth. There was a good spread of responses from people across North Yorkshire, as shown below.



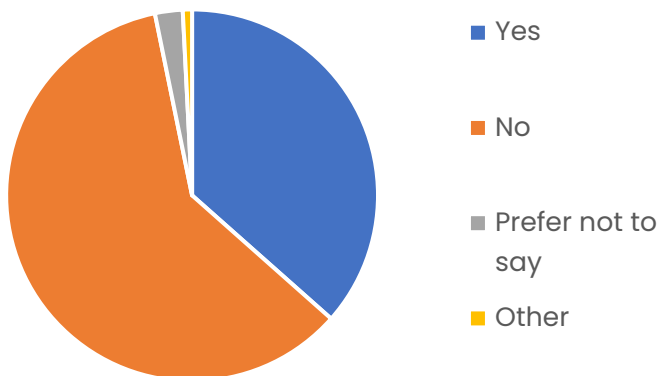
The 'other' in the pie chart above includes Bridlington and Driffield.

Respondents ages ranged from 18 to 75+, as shown below and 95% were White British (1% were mixed ethnicity, 1% were other white background, 2% were any other ethnic group and 1% would prefer not to say). In terms of sexuality, 86% were heterosexual/straight, 3% bisexual, 4% gay man/woman, 2% asexual and 5% said they prefer not to say or prefer to use their own term.

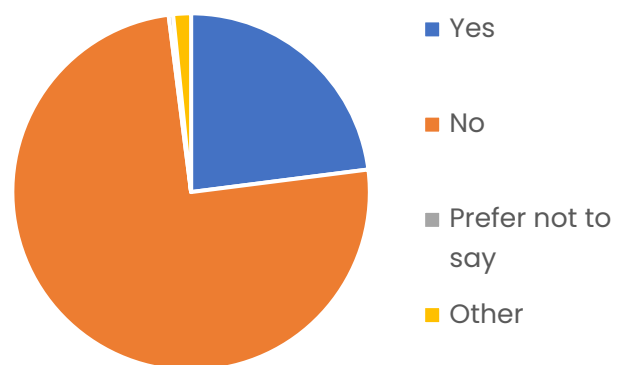


The majority did not identify as a carer or as having a disability and only 5% said they were a care leaver (a care leaver is an adult who has spent time living in the care system, away from their family).

**Do you consider yourself to have a disability?**



**Do you consider yourself to be a carer?**



Only 3% said they were currently pregnant or had been pregnant in the last year. Of the sample, 14% said they were a veteran or member of the armed forces community.

In the survey and SMI interviews, we asked people to share (if they were comfortable in doing so) what mental health issues they have experienced

or are experiencing, and a range of responses were received which included:

- Depression, including:
  - Severe depression
  - Chronic depression
  - Manic depression
  - Idiopathic endogenous depression
  - Recurrent depressive disorder
  - Endogenous depression
  - Post-natal depression
  - Dysthymia
- Psychosis, including:
  - Postpartum psychosis
  - Manic Depressive Psychosis
- Anxiety, including:
  - Chronic anxiety
  - Generalised anxiety disorder
  - Social anxiety
  - Health anxiety
  - Postpartum anxiety
- Eating disorder, including:
  - Anorexia
  - Binge eating disorder
- Personality disorder, including:
  - Borderline Personality Disorder
  - Emotionally Unstable Personality Disorder
- Stress, including extreme stress
- Suicide ideation and self-harm
- Emotional dysregulation disorder
- Dissociative fugue
- PTSD and complex PTSD
- Agoraphobia
- Dissociative Disorder
- Schizoaffective Disorder

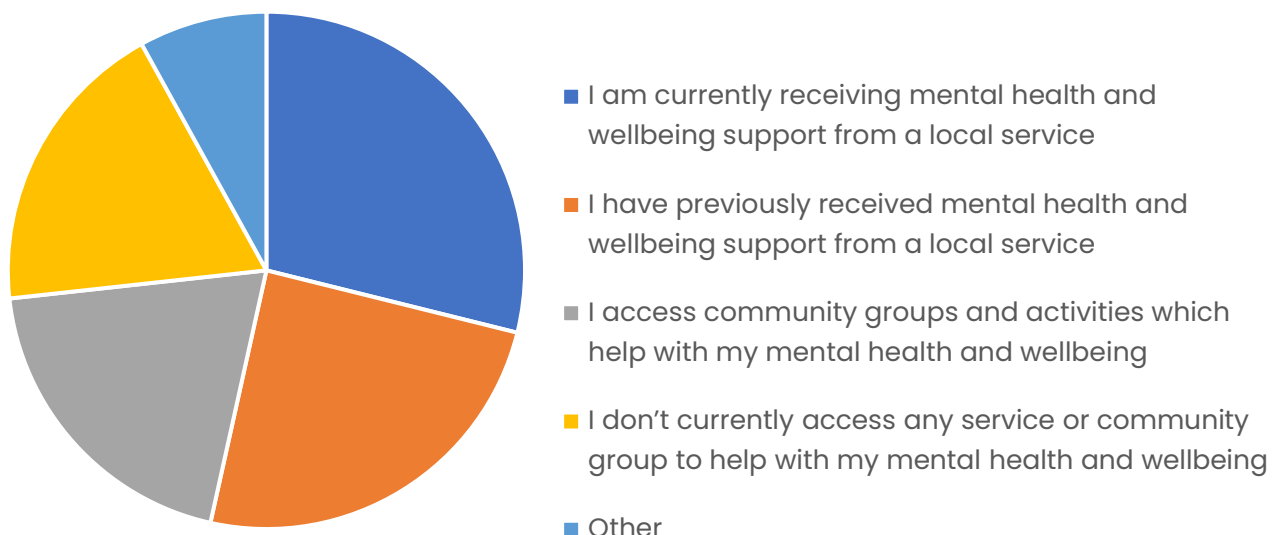
- Schizophrenia
- Cyclothymia
- Panic disorder, including panic attacks
- Obsessive Compulsive Disorder
- Bipolar Affective Disorder

Many people mentioned other issues they are facing/have faced alongside mental health issues which included:

- Physical disabilities
- Alcohol dependence/addiction
- Domestic violence
- Adverse Childhood Experiences including abuse/sexual abuse and separation
- Learning disability/difficulties
- Neurodiverse conditions such as autism, ADHD
- Chronic fatigue syndrome/ME
- Bereavement/ grief
- Functional Neurological Disorder
- Trauma
- Premenstrual Dysphoric Disorder
- Cognitive impairment

In the survey and interviews we asked which (out of four options listed below) best describes people's current situation in relation to mental health support; the responses to this question are illustrated in the graph below.

**Which of the following best describes your current situation?**



## Appendix two

### Focus group summaries and previous literature

The notes below are a summary of the feedback received from all focus groups carried out with people who identified with that group. The questions asked at the focus groups reflected the survey.

All focus groups were carried out by charities or voluntary sector groups who work with or support the people attending the groups. The charities/groups were paid for their work and arranged the focus groups in the ways that best met the needs of the people they were engaging.

A number of Healthwatch North Yorkshire volunteers also undertook a scoping exercise, exploring some of the other research on these seven identified groups. At the end of each focus group summary you can find the links and a short overview of this research.

#### **People serving/who have service in the armed forces, including family members**

##### **What helps your mental health and wellbeing?**

- Family
- Community / peer support groups with like-minded people which provides a sense of belonging
- Exercise
- Dog/pet
- Faith
- Positive mindset
- Someone to talk to

##### **What doesn't help or makes it worse?**

- Isolation/having no one to talk to /family don't understand what you are going through – particularly for military spouses
- News / social media
- Not knowing where to go to get help – military life can be very isolating and can restrict access to services and support not available through the military.



- Professionals being late for appointments – in the military being on time is late.
- Lack of understanding of military mindset and experiences.

**If you have had or have an issue with mental health, where would you go for support/help?**

- Self-help and then GP – but lots of comments about how difficult it is to see a GP and that GPs are seen as generalists and thus not mental regarding mental health issues.
- Peer support
- “I was so depressed but I had nobody I could contact to talk to – I needed somebody to listen to me – I needed to scream, shout, cry but I couldn’t get an appointment with the GP. I broke down in tears at work and was sent home. I could not get an appointment to speak with a GP, even after I had explained how desperate I was. I went to the surgery and broke down in tears at the reception but was still told nobody was available to see me – I was told to go back home. I then received a phone call to ask me to go back to see the Nurse Practitioner and I am so pleased they saw me that day, otherwise I just don’t know if I would be here now”

**If you don’t feel able to ask for help or access support, what is stopping you / would help you to do that?**

- Rurality and online isolation
- Pre-conditioned stoicism
- Poor experience of services / revolving door service – this includes more than one person being labelled as a problem patient and being threatened with services being withdrawn. “I feel that if I took my own life, TEWV would see that as a problem solved”.
- “Stigma surrounding it. When you have obvious injuries, you get sympathy. Brain problems attract mockery almost. It’s a fear of the unknown.”
- Feeling there is nowhere to go for help within the military.

**If you have ever accessed support for your mental health or wellbeing, where was this from and what was the support?**

- Google
- NHS (GPs and TEWV)
- Peer support
- iHub
- The Hive
- Beacon
- Private providers

**Did this support help and if so how did it help?**

- “Mental health trust in Darlington then the Army got involved. The Army were not very helpful. Experience wasn’t any good. First thing they did was to give me pills but they didn’t help and just made me feel listless. Army attitude was to have a stiff upper lip and get on with it. Darlington didn’t help really and in the end I paid for it myself. Most of it was positive listening and that worked.”
- “Accessed talking therapies and found it a positive experience as he gave me the room to talk.”
- “I contacted [military] welfare once when I was so low but they said they couldn’t help as their protocol was xyz – they can say ‘oh dear yes it’s awful but we can’t or don’t know how to do anything about your situation’. Basically told this is the life you have chosen”.
- “I found that the counselling sessions helped me cope with the situation by compartmentalising my life. I learned to be accepted as an individual and not just as a military spouse... I am disengaged from military – I have no children so I have a career – the need of something for the spouse not part of military is very important”.
- “CBT – doesn’t address the PTSD emotional overload – how do you logic your way through emotion?”
- Little, or no, ongoing support after a session which might have re-traumatised the patient/ user of services/ carer.
- One man talked about his severe PTSD and the impact that it has had on his family and relationship (carer was present) He discussed this from two perspectives: the fact that the GP doesn’t have enough knowledge about PTSD from a military perspective, and the perception from others about the physical presentation of his PTSD.

He shakes excessively and can often slur words, and people assume he is drunk / alcoholic which he isn't. He moved to the area for the family, which has now unfortunately broken down, and has been left feeling lonely and isolated due to lack of services and support. His only support network at present is Carers Plus Yorkshire.

**Is there anything about the support that could have been better?**

- Specialist mental health workers with Armed Forces lived experience/ background – or better training for mental health workers to fully understand issues for people serving or who have served in the Armed Forces.
- Op Courage [charity] wrap around care and support locally; when professionals link with other professionals let patients know what's happening – involve us in our care and check what might work without making assumptions.
- Immediacy of support – why is there always a long wait with the TEWV services when Op Courage things happen on the same day.
- Not to be seen as victims (toxic masculinity assumptions).
- Need more information about where to go for help and support – especially for military spouses.
- Longer term support – short bursts don't help.
- Take PTSD seriously – need better understanding of what it means and that it isn't the same for everyone – a car crash and military experience is very different.
- Respond to people when they call and listen. Do what you said you would do.
- Understand a person's frustrations and issues and don't label them 'difficult'. Understand that sometimes a professional's approach does not help and can make the situation worse, especially if the person doesn't think they are being listened to/understood.
- Check on people that are being supported between appointments – show some care.
- Involve people – don't have meetings about people and let them know 'what was decided'.
- Refer to Armed Forces charities if you can't provide support.

**Have you ever been involved in support groups or community based activities? If yes, how did you find it? If no, is there anything that would encourage or enable you to go?**

- Many had been involved in peer support groups and found them to be the most useful form of support.
- Meeting likeminded people with lived experience, in a safe space where there is no judgement is paramount to wellbeing.
- Also crafting groups or other activity focused groups can really help.

**Is there anything else you think would help you with your mental wellbeing – from the NHS, from charities, information, apps or online resources?**

- Talking therapies with someone who has been there or has empathy for military personnel / spouses, but needs to be accessed free and outside the chain of command.
- “More opportunities to be actively listened to. If somebody would just sit in a room with you and let you talk ... I think that counselling one-to-one counselling can be a very, very beneficial thing. And I don't think it's as readily available as it could be perhaps.”
- A military spouse helpline.
- No support for the family of military personnel who are struggling with mental health issues – there needs to be support for the people supporting the person. “As a military spouse nobody has your back, not even your husband... There is no support whatsoever for us, a spouse is totally isolated from mental health assistance... There is a definite lack of faith within the military for advice or somebody to speak to in a moment of crisis.”
- Recognise potential loneliness and isolation of military spouses and provide support / contact / groups etc.
- An App like Calm or Headspace would be great if we could access it free – I believe the serving soldiers have free access.
- A hub / place of safety in a local area / easily accessible. Develop the iHub model and roll out across Armed Forces base locations.
- More peer support – veterans looking after other veterans, eg Battle Buddy support groups
- More Armed Forces Champions
- Need transition support moving from MoD to civilian life.

- A personal budget for mental health support – where you can choose to buy the right treatment from approved providers in partnership with mental health specialists. It would allow you to choose what works for you from the NHS, voluntary or private sector.

**If you needed help, how would you prefer to access it?**

- Family and friends
- GP
- Charities like Blind Veterans, Op Courage.

**Is there anything else you would like to tell us, or think we should know?**

- “Health wise it’s impossible for treatment to be followed up if you are posted to a different area. If you are on a waiting list for treatment with the NHS and are posted somewhere before the treatment, you have to go through the process again are repeatedly placed at the bottom of a waiting list in the new area.”
- “Having no support network such as local family is hard, then having to find and make new friends in the Garrison takes a lot of confidence, especially if your mental wellbeing is damaged. Knowing a point of contact to go for help outside the chain of command is impossible. Other than the GP we don’t know where to turn.” This can be even more difficult for people who have just given birth.
- Feeling that support at the garrison is for military personnel / veterans, not for family.
- Need a better links for the NHS to access Defence Medical Services (DMS) records.

<b>Title of research</b>	<b>Link to research</b>	<b>Summary</b>
Perceived stigma and barriers to care in UK Armed Forces personnel	<a href="#"><u>Perceived stigma and barriers to care in UK Armed Forces personnel and veterans with and without probable mental disorders  </u></a>	The article is about perceived stigma in armed forces personnel and veterans and the impact on accessing mental health services. It highlights that stigma is higher in those with PTSD and finds some elements of structural stigma. It

and veterans with and without probable mental disorders (2019)	<a href="#">BMC Psychology   Full Text (biomedcentral.com)</a>	suggests one size does not fit all which is how our current mental health systems runs with CBT etc.
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## Young people transitioning from youth to adult mental health services

### What helps your mental health and wellbeing?

- Music – listening and playing
- Exercise
- Spending time with friends/family/groups
- Going to the cinema / on trips
- Watching a film at home
- Sleep
- Playing video games
- Pets / dogs
- Courses on mindfulness / handling emotions

### What doesn't help or makes it worse?

- Not being listened to or respected
- Busy places
- Not getting enough sleep
- People not being considerate/ other people if they are mean.
- Having to help myself as no one else would / no support.
- Drinking alcohol.
- Having no structure / routine
- Bad weather, dark and cold nights.
- When people don't understand.
- Waiting lists are too long: months, sometimes years.

**If you have had or have an issue with mental health, where would you go for support/help?**

- Parents/Guardians
- Teachers
- Somebody I trust
- Friends or family
- GP
- Social Worker
- Staff at college

**If you don't feel able to ask for help or access support, what is stopping you / would help you to do that?**

- Feeling sad/angry/upset
- Being anxious / paranoia
- Trying to speak but can't / can't explain how you feel
- Having to travel / using public transport
- Having to repeat my story
- Easier to keep it to myself / protecting family members / not wanting to be a burden
- "A teacher once said to me you are upsetting the other kids cos you are too depressed, so I got good at hiding it"
- Bad past experiences of mental health services. "To be honest in the past I have thought NHS mental health services are a mess, I have given up and not wanted to try again."

**If you have ever accessed support for your mental health or wellbeing, where was this from and what was the support?**

- Counsellor – face to face / phone
- Friends
- Family
- Mind UK, Barnardo's, The Diana Award, Crisis Messenger
- Staff at adult learning college
- Domestic Abuse Team
- Social worker
- Youth group
- Trauma therapy / CBT / CAMHS / IAPT
- "I didn't know you could go to the GP for your mental health"

### **Did this support help and if so how did it help?**

- Didn't help. Support stops at 18 with no support while young people move to a different service.
- "The CAMHS psychologist I saw couldn't cope with severe issues and told me that they couldn't help."
- "I was dropped by CAMHS when I was 18 and had a month without any support while I moved to a different service. That is not good. Some friends weren't accepted by CAMHS when they were 17 and a half and the waiting lists were more than six months long, so they would have been 18 by the time they got any service. So they were told to go somewhere else".
- "Got my feelings off my chest".
- "Was nice to communicate how I felt with someone."
- "I learnt techniques to help me calm down like learning breathing techniques ... it really helped."
- "Found it easier to move on and progress forward with my life."
- "I have had a tough year, I have been in and out of hospital with overdose attempts and the mental health team was not helpful at all. The only way I found help was just to help myself. I struggle every day and I have just had to help myself. The mental health team in the hospital are disgusting."
- "I have started to keep things to myself but I have been able to talk to a counsellor which has really helped."
- "I have done CBT- still on it. It is all right. ... I find counsellors hard to open up with at first, with me being how I am it is funny and tricky. I have Mind counselling too. I don't want to stop the Mind counselling, it is better than CBT. They have skipped days and it has messed me about. When I need them they aren't actually there but when I am fine that's when I see them, where are you when I actually need you?"
- Most participants said they felt let down by services; feeling as though the services needed to give them more time and attention.
- Medication / therapy was helpful – but participants felt charities were more accessible/comfortable than NHS.
- "I have the crisis team hang up on me cos they said I was threatening her and I wasn't. I told them I wanted to die. The crisis team said if I really wanted to kill myself I would have done it."



- “Everything is so clinical, everything has a tick box and you’ve got to do this to do that. I feel like charities can give a personal approach and other services don’t. Charities are more responsive.”
- “Counselling experience. The experience I had is bad, they would cancel and not re book me in or wouldn’t get back to me for ages.”
- “Counselling was good because it was one-to-one and I built a good a good relationship up with my counsellor. They didn’t let me down and I trusted them.”
- “Support workers from council saying they are going to come and they don’t – false promises”.
- “I’m told I’m not at a big enough risk to have support from NHS.”
- “They label you with personality disorder and it’s like they don’t want to deal with you, they treat you like an attention seeker.”
- “Ringing the crisis team can be 40 min wait each time. If you are under home treatment and you ring you get to know that staff, but if it’s the crisis line and you get through to anyone random.”
- “When I have gone to pick up my meds, the pharmacy have said you can’t have these without an appointment. It takes ages to get an appointment, then I have to wait for meds to come back in. By this point I am getting worse again and getting withdrawal symptoms. Sometimes just to pick up the phone, book and appointment or visit the GP is a big thing for me so some more training/understanding needs to be given around the subject. We are not taken seriously or listened to in some GP practices. By not giving us our meds, it can be dangerous. If someone needed heart pills or pills for their body, they are taken seriously but when it comes to medication for mental health it’s like they don’t understand.”

**Is there anything about the support that could have been better?**

- More/longer sessions.
- Using a chat function / an accessible app.
- Continuity – having something in place for support if your contact is on leave.
- Shorter waiting times for help.
- “Crisis team need to give better advice than ‘splash your face with water’ ‘watch Netflix’ or ‘have a bath’. It felt as if we weren’t listened to, it was condescending.”

**Have you ever been involved in support groups or community based activities? If yes, how did you find it? If no, is there anything that would encourage or enable you to go?**

- Lots of groups attended. Some mental health specific and others general. All were seen as helpful and positive.
- “Coming to this group has saved me. Everyone here supports each other and that has got me through a lot.”
- “This support group – it’s nice to meet people who have been through similar experiences – didn’t feel judged.”

**Is there anything else you think would help you with your mental wellbeing – from the NHS, from charities, information, apps or online resources?**

- Apps would be good.
- More sessions at college about wellbeing at college/school.
- Leaflets with support groups/numbers/websites on given out at college.
- Designated wellbeing worker at college/school.
- Need more help more quickly before things escalate – support when you are young so you don’t have so many issues as an adult.
- NHS to fund charities to provide support as they don’t always have the right people.
- Out of hours counsellors as well as the crisis line.

**If you needed help, how would you prefer to access it?**

- Variety of ways including apps/social media, through college.
- Easy to access and local.
- Someone to go with me – that would be easier.
- Work with charities, so you can access support via them, not always the NHS.
- Women only groups.

**Is there anything else you would like to tell us, or think we should know?**

- “Online resources and apps would be good for young people. Mental health needs to be normalised, it should be taught in school with resources on how to cope.”

Title of research	Link to research	Summary
Investigation into the transition from child and adolescent mental health services to adult services (2018)	<a href="https://www.hsib.org.uk/media/s3.amazonaws.com/hsib_summary_report_transition_from_camhs_to_amhs.pdf">hsib_summary_report_transition_from_camhs_to_amhs.pdf (hsib-kqcco125-media.s3.amazonaws.com)</a>	This looks at a specific case of a child transitioning from child to adult mental health services which ended very poorly. It then looks at what the services could have done better and makes recommendation.
'Something needs to change' (2018)	<a href="https://www.sagepub.com/">'Something needs to change': Mental health experiences of young autistic adults in England (sagepub.com)</a>	Research paper on the transitioning from CAMHS to AMHS for young adults with autism. It explores young people's experiences of mental health problems and highlights barriers to support, such as services not tailored to individual needs specifically around autism, help delayed until reach crisis point, and all support lost when reached 18.  Highlights the implications of accessing mental health support with neurodiversity and the extra difficulties when transitioning to adult care.
Children's mental health- A Healthwatch York snapshot report (2022)	<a href="https://www.healthwatchyork.co.uk/wp-content/uploads/2022/11/Nov-22-Childrens-mental-health-a-snapshot-report-FINAL-2.pdf">https://www.healthwatchyork.co.uk/wp-content/uploads/2022/11/Nov-22-Childrens-mental-health-a-snapshot-report-FINAL-2.pdf</a>	This is a snapshot report that was produced in partnership with York Mind and York Carers Centre that explores people's experiences of CAMHS services within York.

<p>Mental health and well-being: Young people's experience (2022)</p>	<p><a href="#"><u>Young people's mental health experiences, May 2022.pdf</u></a> (<a href="http://healthwatchnorthyorkshire.co.uk"><u>healthwatchnorthyorkshire.co.uk</u></a>)</p>	<p>This report outlines the mental health and well-being issues young people face. We asked young people (16-24) to complete a survey and share their experiences of mental health and well-being, which asked where they would go for support if they needed it. As well as a survey, we undertook focus groups.</p> <p>More than two-thirds (72%) of the survey respondents said they had experienced mental health or well-being issues in the past 12 months. Of the respondents only half said they sought help.</p> <p>Reasons given for not seeking support included long waiting times to access support; the stigma surrounding mental health; and not knowing where to go. Of those who did seek support, most respondents sought help from their GP, talked to friends and family, or got support at their college, school, or university.</p>
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## Older people

### What helps your mental health and wellbeing?

- Being with other people / social events
- Having things to do at home
- Family, especially children and grandchildren
- Volunteering
- Getting out and about

### What doesn't help or makes it worse?

- Worries about the cost of living and not having enough money
- Loneliness – stuck at home with nothing to do
- Not being able to get out due to weather or health conditions

- Frustrations of trying to get in touch with GPs or getting support from the NHS
- Breakdown of family relationships

**If you have had or have an issue with mental health, where would you go for support/help?**

- Family – it's not bad enough to go anywhere else
- GPs – but someone said there's no point as they can't help.

**If you don't feel able to ask for help or access support, what is stopping you / would help you to do that?**

- Most people try to help themselves and recognise that there is nothing that can help with getting older and losing independence.
- Don't see the point.
- Previous experience puts you off.

**If you have ever accessed support for your mental health or wellbeing, where was this from and what was the support?**

- Talking therapy – but didn't work, either sessions stopped or talked about bad things and made things worse
- Hypnotherapy – didn't work
- Meditation – didn't have the patience

**Did this support help and if so how did it help?**

- I tried speaking to my care coordinator but I think they didn't take me seriously, or know how to help.

**Is there anything about the support that could have been better?**

- More information in advance about what to expect so I could have got more from it.

**Have you ever been involved in support groups or community based activities? If yes, how did you find it? If no, is there anything that would encourage or enable you to go?**

- People went to lots of social groups, nothing specifically about mental health. These were all seen as good.
- Someone would like introductions as they feel too shy to go alone.

- Need more information about what’s happening as it’s hard to find out.

**Is there anything else you think would help you with your mental wellbeing – from the NHS, from charities, information, apps or online resources?**

- Information online

**If you needed help, how would you prefer to access it?**

- Face to face or online

**Is there anything else you would like to tell us, or think we should know?**

- “People deserve real help bespoke to each person for free. It’s (mental health) a terminal illness and causes early death.”

<b>Title of research</b>	<b>Link to research</b>	<b>Summary</b>
The needs of older people with mental health problems according to the user, the carer, and the staff (2003)	<a href="#"><u>The needs of older people with mental health problems according to the user, the carer, and the staff - Hancock - 2003 - International Journal of Geriatric Psychiatry - Wiley Online Library</u></a>	This article highlights the difference in perception of needs among clinicians, carers, and the older people themselves. It relates to mental health needs as well as physical and social needs. It discusses the usefulness of a collaborative approach to mental health care among older people in order to better identify their needs.
Mental Health in Older People	<a href="#"><u>practice-primer.pdf (england.nhs.uk)</u></a>	This is an NHS guidance paper for GPs relating to common mental health conditions among older people. It stresses that other needs should be considered, such as issues relating to

A Practice Primer (2017)		their physical health and other common problems they may face, which should be considered in parallel with a mental health condition. It provides ways to distinguish between conditions which may be easily confused in older people.
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## Neurodiverse people and family members

### What helps your mental health and wellbeing?

- Dog walking
- Routine / self-discipline / patterns
- Break things down into “doable” parts, one thing at a time.
- Peer support / groups
- Faith
- Music
- Getting out into nature

### What doesn't help or makes it worse?

- Lack of carers' assessments for carers of young people.
- Different assessments and services across England. Makes it difficult if you move (particularly for forces families).
- Paperwork/assessments, e.g. applying for benefits.
- Mental health staff not trained in autism support.
- Healthcare professionals need to ensure that appointments are on time. Lots of people prepare carefully and build up to appointments. It is very distressing if appointments are delayed and even worse if no-one tells you about any delay.

### If you don't feel able to ask for help or access support, what is stopping you / would help you to do that?

- Neurodiverse people feel like mental health support is a tick box exercise, and they often do not fit into requirements that mental health support asks for.
- A lack of mental health support in some parts of North Yorkshire, e.g. Catterick Garrison, Scarborough.
- Professionals' attitude that mothers are the problem with old-fashioned viewpoints – ‘cold mother’.

- Mental health services 'don't understand autism' or say they can't help people with autism. "Because I am able to present and talk and do typical interactions people assume I am fine. They don't take into account I am masking and I have scripts for everything I do."
- "I am brutally blunt and I don't attach emotions to statements – I state facts and people can't cope with me being so abrupt."
- Bad previous experiences: "the help I have got in the past has been so insignificant or non-lasting that I have lost trust in asking."
- Lack of transport stopping people getting to peer support.

**If you have ever accessed support for your mental health or wellbeing, where was this from and what was the support?**

- Range of places including GP, TEWV, CAMHS, Community Mental Health Teams, hospital, First Response mental health worker.
- Brain in Hand (<https://braininhand.co.uk/>)

**Did this support help and if so how did it help?**

- No – didn't like group therapy as the person did not like to talk in front of others.
- Person avoided some charities as they feel they were not for people like them, they would not understand them or be able to meet their needs.
- "I was told by the GP not to chase a diagnosis as it is better not to know."
- Person self-referred to IAPT, which took a long time. She was 10 sessions into a 12-session course about social phobia when she was told there was nothing else they could do as she had not improved. When asked about autism and whether they had noticed anything, they just said that it wasn't something they could do anything about."
- No: "They want you to talk about emotions but I need counselling to fit with my autism not just asking me how I am feeling and why because I cannot explain the feelings. What would be more helpful would be practical solutions and suggestions."
- First Response is very emotional based. "If you ask me how I am doing and ask me about my feelings I will hang up on you. I struggle to explain emotions and cannot answer these questions. It needs to be more matter of fact."



- “Motivational techniques that don’t take into account a person’s autism don’t work.”
- The consensus from the group was that there was little to no support available to them.
- Counselling didn’t work for everyone. Talking about things brought them back which didn’t help. And people said they need time to trust professionals, so it is easier to talk to friends, support workers or others people know well.
- “TEWV don’t have a clue and shouldn’t be allowed to look after people with autism.” Person’s brother is in hospital and was told the TEWV team could look after him, but they had to get information and advice from elsewhere (Mitford Unit at Northgate Hospital).

**Is there anything about the support that could have been better?**

- Better understanding of neurodiversity/autism specific/informed services – some feeling that mental health workers are judgemental. Mental health workers need appropriate training to support people who are neurodiverse.
- ADHD assessments need to be much quicker.
- Standard services don’t always work: “I don’t need 12 sessions with a counsellor, but having someone to check in with me bi-weekly and check in / motivate me would make a huge difference. Being accountable to someone.”
- “My support worker coming round twice a week has helped me to start moving forward. It helps me get out and go for a walk. I am not on my own.”
- Building better futures – “knowing I can talk to someone who understands. I need more over a longer term and a gradual ending of support not just an abrupt end to the support. People do not acknowledge how long it takes me to trust someone before the support starts becoming useful and by this time the support is coming to an end.”
- “There are no services for adults like me. ... I have not been to see my GP as I think they will not help and try to give me antidepressants. I don’t need them, I’m not depressed. I just get fed up of doing nothing and having nowhere to go at times.”

- Need a personal approach/people who really know people and can read reactions to help. Trying to process the 'normal' world is exhausting. The right person is vital."
- "When I am around people who understand autism they can tell me what I do or suggest what they think I struggle with and these have been light bulb moments."
- "Early years social workers and various others have said I need autism support but they come back with nothing in the area I live in."
- "Need help to settle in/engage in groups – not just being dropped at the door!"

**Have you ever been involved in support groups or community based activities? If yes, how did you find it? If no, is there anything that would encourage or enable you to go?**

- People say they can only go if someone goes with them. And even after a long time attending a group or volunteering, they don't feel confident talking to people.
- Next Steps in Malton is brilliant.

**Is there anything else you think would help you with your mental wellbeing – from the NHS, from charities, information, apps or online resources?**

- Information about where to start to get help and who can help – often the NHS signposts the voluntary sector as there is no support they offer post diagnosis. But there is not much support in the voluntary sector. People have to do their own research and learning as there is nothing available to help.
- More awareness and support post diagnosis to help people develop coping mechanisms. Coping mechanisms are often better than medication.
- Longer term support and continuity of support workers.
- Need to address support for autism first before focusing on any mental health issues. Mental health issues may come from the lack of support to process an autism diagnosis. All support must understand underlying issues and someone's neurodiverse condition and how it affects them before trying to deal with anything else. "Mental health service providers need to consult with and listen to

what neurodiverse users of their services need, not what providers want to give them.”

- “Need for a proper neuro-divergent model of provision rather than an adapted neuro-typical model. Mental health and autism are seen as separate but they are not. They are interconnected.”
- “Being listened to by professionals and taken seriously; employing people with lived experience; correct support by professionals.”
- Inclusive environments everywhere – don’t try and adapt a standard environment, make everywhere friendly for neurodiverse people from schools onwards.
- “More support needs to be given to autistic women/ girls because they are being massively failed. Women’s needs look very different.”
- More funding for local lived experience support groups / groups for autistic girls/women.
- Uniform/universal ‘whole person’ assessments to involve co-morbidities and associated conditions e.g. some Trusts do not recognise some diagnoses eg PDA, sensory processing disorder etc. This makes it very difficult if someone moves area.
- Primary Care Networks need a neurodiversity specialist / specialist team within TEWV.
- Train health care assistants, peer support workers or volunteers in therapeutic techniques to support people with autism at every GP practice, every hospital ward, outpatient department etc.
- Run workshops on stress reduction, impact of being carers, sleep, winter wellness.
- Make reasonable adjustments to meet people’s needs. Go to them; meet in a venue that works for them / reasonable adjustments in hospital/at appointments. E.g. door pads to stop doors slamming in hospitals, weighted blankets, lighting etc.
- Don’t assume people are not engaging because they don’t need help. It may be that they are unable to engage with the support offered. Other approaches may be needed. Neurodiverse people should not be expected to opt in to a neuro typical approach.
- Listen to families and carers. Often healthcare professionals see people on their best day – if it is a bad day, they wouldn’t be able to go to the appointment. This skews the impression, so it is even more important for family/carers to be asked and listened to.
- Work better in partnership across organisations and agencies.

- Care plans or equivalent for people to explain what they need/what doesn't help. (E.g. Daisy Chain care plans).
- GPs and others to offer options that aren't just phone.
- Sometimes GPs are put off referring people for assessment as it takes so long. There needs to be a consistent approach, it is too hit and miss now / a postcode lottery.
- Must recognise the impact of exhaustion/burnout and that it is part of the condition. Have things in place to support people or additional flexibility to recognise that people may miss appointments at the last minute due to these issues. It is not that people are lazy or not interested.
- More advocacy support.
- A professionals' network of people who understand autism and who other healthcare professionals can contact for advice.
- Do not discharge people – it is a lifelong condition and can't be fixed. But people can live well with autism with the right support.
- Recognise it is not about people fitting in, but about changing systems and society so everyone feels comfortable and recognising that no one is normal. Need a person centred approach.
- All children to be assessed for neurodiverse conditions at a set age / stage, but then support in place for children and their families if there is a diagnosis.
- Support in the community needs to increase to prevent people from going out of area and into environments that aren't suitable for them. Support needs to be available before they get to crisis stage.

**If you needed help, how would you prefer to access it?**

- Face to face is preference / Zoom or online also OK. Not phone.
- With someone I know/who understands.

**Is there anything else you would like to tell us, or think we should know?**

- "We have to go to York for diagnosis and support, there is nothing in Scarborough" / "Scarborough is the poor relation vs services in the north east. When we raised concerns we were told 'deal with Middlesbrough'". But someone else in Whitby was told they were out of area and had to access services in Scarborough.
- "It is hard to trust people, and I can only be myself with someone I trust."

- A health (electronic) passport is required to more easily manage transitions between agencies/ services and areas where military personnel and families are posted.
- Develop a cohort of storytellers to help get message out around neurodiversity in a neuro typical world.
- Health and other facilities need sensory rooms where neurodiverse people can go before and after appointments. Set up systems for everyone so no-one feels excluded. Neurodiverse people shouldn't be expected to conform.
- "The mental health team are focusing on the wrong things. My dad has been discharged six times in the last 12 months. He has attempted suicide more than once, including one time which brought half the village to a standstill. But he goes to A&E and they discharge him. He heard nothing from the psychiatrist and two weeks later got a letter to say he was being discharged as his problems are social issues due to his autism. He now understands his autism, but he finds no one believes him or understands his needs. He needs respite – to have time to fully switch off when everything is done for him (autistic burnout) but there is nowhere to go. His three stints in hospital did help to some extent. There are some residential places with a respite room but now he is too old or there are no vacancies."
- "There needs to be far more training and education. Autism isn't a mental health issue, it is a long term condition. CAMHS say it isn't a mental health condition, but they then discharge people even though there is nothing for people / mental health services carry on regardless and think that it is a mental health issue and that it can be trained out of people. Even when people are supposed to understand autism, people can be warned for their behaviour when it is behaviour associated with autism."
- Need broader general education and open discussions with people at school/college/work about what works for everyone so that no-one is singled out. It is about recognising that different people need different approaches, support, ways of working/learning etc.

Title of research	Link to research	Summary
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<p>Five Ways Providers Can Improve Mental Healthcare for Autistic Adults: A Review of Mental Healthcare Use, Barriers to Care, and Evidence-Based Recommendations (2022)</p>	<p><a href="#"><u>Five Ways Providers Can Improve Mental Healthcare for Autistic Adults: A Review of Mental Healthcare Use, Barriers to Care, and Evidence-Based Recommendations (springer.com)</u></a></p>	<p>While it takes place in the USA, this article describes the experiences of autistic adults in the mental healthcare system. It picks out the main areas for improvements and makes recommendations which could be mirrored in the UK. It makes recommendations at both the practitioner level and at the system level.</p>
<p>'Something needs to change' (2018)</p>	<p><a href="#"><u>'Something needs to change': Mental health experiences of young autistic adults in England (sagepub.com)</u></a></p>	<p>Research paper on the transitioning from CAMHS to AMHS for young adults with autism. It explores young people's experiences of mental health problems and highlights barriers to support, such as services not tailored to individual needs specifically around autism, help delayed until reach crisis point, and all support lost when reached 18.</p> <p>Highlights the implications of accessing mental health support with neurodiversity and the extra difficulties when transitioning to adult care.</p>

## People living in / have lived in temporary accommodation

### What helps your mental health and wellbeing?

- Feeling in control

- Having a front door you can lock
- Good support network / support worker
- Friends and family
- Exercise
- Music
- Meditation
- Returning as a volunteer to help others

**What doesn't help or makes it worse?**

- Feeling out of place / unsettled. While in temporary accommodation you can't properly settle down.
- Noise from other people
- Dark nights and short days
- Isolation/loneliness
- Lack of sleep
- Hanging around with the wrong people / drink / drugs
- The stigma around homelessness and that you are someone who doesn't know better

**If you have had or have an issue with mental health, where would you go for support/help?**

- GP
- Ask support worker
- Crisis helpline
- Family
- Charities: Communita (Selby) / SleepSafe (Selby)
- GP
- Horizons

**If you don't feel able to ask for help or access support, what is stopping you / would help you to do that?**

- I'd need help to ask for support.
- Anxiety – I don't like going to strange new places.
- Don't want to talk to a stranger
- Need more resources, not just sitting in a room talking, actually doing stuff to make you feel better.
- More public transport to places I need to go.
- My ego and willingness to change

- Stigma – not wanting to tell anyone

**If you have ever accessed support for your mental health or wellbeing, where was this from and what was the support?**

- GP – medication
- CMHT – counselling, CBT, mindfulness, group therapy/activities
- Charities: Riches Ripon / Harrogate Mind / SleepSafe Selby
- Mental health practitioner
- Frank and too much coffee
- York hospital crisis team / crisis team
- Horizons
- Addiction Centres

**Did this support help and if so how did it help?**

- Very difficult to get in touch with the GP for help.
- Generally support available when needed and support has been good.
- Help not consistent – very dependent on the quality/empathy of the individual workers.
- Counselling was time wasted – I wasn't well enough to understand.
- They were supportive (York Hospital crisis team).
- Not really. Needed to talk to my sister because she knows me.
- Yes, was there when I thought no one was. Saved my life. (SleepSafe Selby)
- Yes – has written a book on addiction and agony to support others in a similar situation.
- It did at the time.

**Is there anything about the support that could have been better?**

- Access to services is difficult – need services to come to smaller towns in rural areas.
- Need support at the right time – can be too early or offered too late.
- Needs to be something like SleepSafe – something less informal, less stigma and not a stranger.
- Online resources and information of what I can do to help myself.
- More activities and an addiction centre in North Yorkshire like the one in Goole.
- Being more honest and open



**If you needed help, how would you prefer to access it?**

- Face to face or telephone
- With someone I know
- Online, by phone, in person

**Have you ever been involved in support groups or community based activities? If yes, how did you find it? If no, is there anything that would encourage or enable you to go?**

- Those who have been to groups are very positive about them.
- Mind in Richmond – but stopped due to funding issues.
- Riches – charity.
- Some services ask you to phone/book before you go so you can't just drop in. This doesn't work for people whose mental health varies on a daily basis and can put people off.

**Is there anything else you think would help you with your mental wellbeing – from the NHS, from charities, information, apps or online resources?**

- Childcare support to attend appointments or acknowledging need to arrange childcare and offering flexibility with appointments.
- Mental health deteriorates when in temporary accommodation/living in temporary accommodation increases anxiety and stress. This needs to be acknowledged and more support offered to address accommodation issues or provide additional support re mental health.
- Mental health providers need to see the whole picture and understand what else is affecting your mental health and particularly issues with housing.
- Need to start education in school to break down stigma.

<b>Title of research</b>	<b>Link to research</b>	<b>Summary</b>
Link between rise in temporary	<a href="#">Link between rise in temporary housing and</a>	News article containing a case study of a mother in temporary accommodation and quotes from the leader of a mental health organisation.

housing and mental health crisis revealed (2021)	<a href="#"><u>mental health crisis revealed – Channel 4 News</u></a>	
Housing and mental health (2021)	<a href="#"><u>How can housing affect mental health? – Mind</u></a>	Discusses common mental health conditions in individuals in temporary accommodation or living in poor conditions and signposts where people can receive help.

## Members of the farming community

### What helps your mental health and wellbeing?

- Hobbies
- Friends – socialising (having a beer)
- Family
- Sports
- Humour
- I just get on with it

### What doesn't help or makes it worse?

- Stress
- Long hours
- No/little time off
- No one to talk to
- Lot of lone working
- Alcohol / drinking too much
- Money/bills
- "A lot of people need me to stay strong all the time"

### If you have had or have an issue with mental health, where would you go for support/help?

- Family and friends (not everyone comfortable speaking to friends)
- GP (some)

- “I always just thought it was something we just get on with.”

**If you don't feel able to ask for help or access support, what is stopping you / would help you to do that?**

- Don't want to be in a group. Would rather watch a video or do something online.
- Time – if have spare time, I want to spend it with family. Also wouldn't know where to go.
- Worried that I wouldn't be listened to/believed and they couldn't do anything to help.
- “Farmers won't seek support and don't where support is available. It's expected of us to 'man up' and 'get on with it'. There is also an element of embarrassment and this can be passed down from previous generations.”
- “I always think that men don't talk about it all, my dad never shared about his mental health so I don't want to share about mine to my family.”

**If you have ever accessed support for your mental health or wellbeing, where was this from and what was the support?**

- None accessed – just talk to friends and family
- GP – medication and counselling
- Look on the internet – ‘I don't really go to doctors’

**Did this support help and if so how did it help?**

- “Talking helps.”
- “Medication and counselling took the sting out of it.”
- “I have been on anti-depressants most of my adult life. I went to the GP asking for support and he put me on tablets, there was no other support offered, so I didn't think any other support existed.”
- “The counselling was good but I felt like I needed more sessions and I just cried with them all. I think if I had more sessions I would have felt I had worked through things. I still struggle with my mental health now. The sessions were in person, I have tried it over the phone but I didn't like it.”
- “It just seemed easier taking tablets than talking about it.”

- “Not sure – I still take the medication (anti depression for 20 years) but I still suffer with depression.”

**Is there anything about the support that could have been better?**

- “Wasn’t offered anything other than tablets. I didn’t know there was anything else available.”
- “Things got so bad years ago I did attempt suicide and I was taken to hospital but nothing was done after the hospital. I was just sent home with my parents to look after me. I soon had to be back on the farm to keep things going as the animals relied on me. I was not told of any other support available, I just stayed on my anti-depressant tablets and friends and family spoke to me and offered me lots of support. They would help me see a purpose and help with little things like shopping and check in on me which I appreciated and realised I did want to live.”
- A mental health advocate to check in with the farming community that can provide options or support and let us know where we can go and let us know we are not alone.
- More information and awareness of support for farmers.
- More opportunities for farmers to talk about these kind of issues.
- Make it easier to get support and provide longer term support/more sessions.

**Have you ever been involved in support groups or community based activities? If yes, how did you find it? If no, is there anything that would encourage or enable you to go?**

- Generally sports clubs or groups with a social or activity focus.

**Is there anything else you think would help you with your mental wellbeing – from the NHS, from charities, information, apps or online resources?**

- “A farming community support group so that only farmers can attend as I feel we will have more in common that we realise when it comes to mental health problems.”
- “A chat or text forum especially for farmers so we can communicate and support each other without going to a face to face group.”

- More online support such as apps, You Tube videos or online chat functions.
- More information about help available.
- Shorter waiting times for non-urgent mental health support.
- Private ways of accessing support so no-one knows.

**If you needed help, how would you prefer to access it?**

- GP – if it gets to that
- Phone

**Is there anything else you would like to tell us, or think we should know?**

- “I am really glad that someone has recognised that mental health is a problem in the farming community and hope that down the line there are more support groups and more accessible support for future farmers as there was nothing for me. We spend a lot of time on our own, we work long hours and our mental health can suffer but it is also an expectation of us to ‘just get on with it’, which we do and sometimes farmers will suffer in silence as they don’t want to be attached to the word ‘mental health’ due to its stigma but I know things are changing for the better which is good.”

<b>Title of research</b>	<b>Link to research</b>	<b>Summary</b>
The Farming Community Network (2023)	<a href="#">What is FCN? - Farming Community Network</a>	An introduction into a charity which provides support to farmers and their families. Describes the support available such as a helpline and face-to-face support with volunteers. Describes the circumstances where farmers may need support and which conditions are more common among this group.
Farming’s mental health epidemic	<a href="#">Farming's mental health epidemic -</a>	This makes a comparison between the rate of farm accidents and suicides among farmers. Also discusses a campaign called

(2021)	<a href="#">Farmers Guide</a>	'mind your head'. Provides examples of initiatives which may have worked.
The Big Farming Survey- The health and wellbeing of the farming community in England and Wales (2021)	<a href="#">Big Farming Survey - RABI</a>	In January 2021, RABI launched the largest ever research project relating to the wellbeing of farming people – the Big Farming Survey. This wide-ranging survey considered for the first time the relationship between the physical and mental health of farming people and the health of farm businesses.

## Carers

### What helps your mental health and wellbeing?

Note things only help if carers have respite / time to enjoy them

- Friends / family
- Groups / peer support
- Exercise
- Crafts
- Reading / creative writing
- Pets
- Time to yourself

### What doesn't help or makes it worse?

- If one thing goes wrong then everything goes wrong.
- General mood can be affected by the time of the year (Christmas) and feeling the pressure to conform to what people are expecting of them.
- Not knowing where to go for help. / feeling there is no support for carers.
- Exhaustion / not having time – to eat properly, to have a break
- Complex needs of person being cared for – can feel unrelenting and no time for own mental health etc / stress of everyday life

- Lack of wider understanding (family and society) of what caring means and its impact on the carer.
- Own physical or mental health conditions
- Isolation

**If you have had or have an issue with mental health, where would you go for support/help?**

- GP / talk to family or friends / IAPT
- People highlighted issues with going to the GP as they have been waiting 10 months for mental health support. A carer gave an example of how she has been signed off work with poor mental health for over nine months. She had at this time relocated to Scarborough and registered with a new GP and in the nine months that she has been receiving medication and fit notes from the GP she has not yet met anyone face to face, it has all been conducted over the phone.
- Wellbeing practitioners at GP practice where these are available.
- Peer support groups (especially for parent carers)
- Ellis Centre – but feel it is understaffed and people unskilled and there is a lack of mental health support as resources are stretched.
- Online support / holistic therapies

**If you don't feel able to ask for help or access support, what is stopping you / would help you to do that?**

- Own feelings – shame and fear.
- For parent carers, stigma and worry if they admit to mental health issues their child/ren would be taken away.
- Time
- Don't know what support is available or people feel services are tick box and don't offer the support people need.
- Poor previous experiences: e.g. Crisis Team lack of response (ringing and no answer); timeframe for support is poor, e.g. if and when someone does answer the phone they say will get someone out but it can 48/72 hours later or not hear back from them; practical advice offered in the moment at crisis line such as 'go for a walk', 'take a bath', 'breathe through it' doesn't help and are things they haven't already tried prior to ringing the crisis line.

- Long waiting times – so why bother
- Not wanting to be a burden / feeling there are others with greater need

**If you have ever accessed support for your mental health or wellbeing, where was this from and what was the support?**

- GP – medication
- IAPT– CBT / talking therapy
- Charity, e.g. Mind – group activities, one-to-one support (seen as more accessible as shorter waiting lists)
- Private therapy – counselling
- CMHT – but experience not good
- The Ellis Centre – lots of negative experiences discussed in relation to dual diagnosis – for example a carer who has an eating disorder and severe anxiety and the service will only concentrate in isolation on one area of need, when both conditions are causing the severity of the mental health issues.
- GP – they lean to medicating to improve mental health, unless there is a more empathetic GP or a wellbeing practitioner in the surgery, then there may be an alternative approach, more holistic or social prescribing.
- IAPT –this is ok, but none of it is ‘rocket science’. A lot of the CBT or online services are all very ‘samey’ and when you have accessed one they can be similar and not always helpful – mental health is not ‘one size fits all’. One person has self-referred but has been waiting for six months and heard nothing. They feel it will be too late when they get any help.
- Counselling – some via NHS, some privately paid for
- Good to learn some relaxation techniques
- One person stated that they felt some health professionals were too fast to prescribe medication rather than talking through what might be causing the issues. The rest of the group did agree that medication was often the first option but some also thought the waiting for counselling was too long so they understood why medication was a quick answer.

**Did this support help and if so how did it help?**



- Generally support was helpful when happening. But when it stopped people's mental health deteriorated again.
- Appreciation of a safe place to talk.
- Medication has helped to reduce symptoms a little / allow people to function every day. But feel that once you start medication you can never stop.
- Generally did help get things back into perspective.
- Re CAMHS – not a good experience for daughter or parent. Everyone left feeling worse.
- Mind good and people still in touch.
- Person referred for counselling still waiting six months later.

**Is there anything about the support that could have been better?**

- Longer support and an opportunity to self-refer for quicker support when mental health deteriorates.
- Would prefer not just medication, wants to try groups or talking therapy/other ways to explore issues.
- Shorter waiting times.
- More awareness of holistic therapies to run alongside practical support.
- Carers and loved ones are pushed to one side (when caring for someone with an SMI) – we are told it is to do with GDPR/confidentiality. But this means the person in the middle is lost. "My son has disengaged with the CPN and psychiatrist as he feels they don't listen to him and they don't listen to me. He feels over sedated/medicated. He is on four different medications including an anti-psychotic for the past 10 years and he has never had psychosis. They never seem willing to review the medication and the effect it is having on him. He is existing, he barely gets up. I feel like I am banging my head on a wall – I am the only one keeping him alive and I have no help. I try to raise concerns, but no one listens to me. Family should be listened to, but I am told 'we can't discuss that with you'. I have power of attorney but that isn't recognised. Carers must be involved. They know the person as well as anyone and are vital when the person isn't able to communicate."

**Have you ever been involved in support groups or community based activities? If yes, how did you find it? If no, is there anything that would encourage or enable you to go?**

- Mentions of Carers Plus, Scarborough Mates, Stepping Out, Sparks and Mind. Benefits from regular meetings and activities managed by these charities - reduced the isolation they felt before finding the charities.
- Some felt the benefit from a strong support worker who was friendly and forceful saying 'right, you are going to this activity and I will pick you up and take you'. It is good to be introduced to activities and many would not have gone if they had to go alone.
- Some felt that not being judged for not being able to attend due to poor mental health and then being able to join in again once they felt able, without being judged, worked for them.
- Peer support seen as most useful thing. Not judged, safe space where others understand without explanation.

**Is there anything else you think would help you with your mental wellbeing – from the NHS, from charities, information, apps or online resources?**

- Having an allocated mental health practitioner at ALL surgeries would be beneficial (not part time as waiting lists to see them are extensive).
- More information about where to go for help – a directory of support. Even GPs don't know what is available and can't signpost.
- Support to access IAPT – lots of people won't go through with the referral form themselves.
- Specialist respite to allow time out from caring and a safe environment for our children that we are confident in so that it is true respite, knowing they are being well cared for.
- More understanding from services – examples given such as having to cancel appointments at short notice due to caring role
- More flexibility in how services are delivered – accessibility and timing of support – can't be a one size fits all model
- More support while waiting eg groups; checking in with people to see they are OK, especially when waiting – all said they felt alone.

- A regular coping with stress course.
- Things available online

**If you needed help, how would you prefer to access it?**

- 1-2-1 and face to face
- But would accept anything after a long wait

**Is there anything else you would like to tell us, or think we should know?**

- “Talking about it helps you to reduce the stigma in your own head and helps other to feel it’s OK to talk.”
- “Still work needed to reduce stigma, especially at work.”

Title of research	Link to research	Summary
The emotional and mental health needs of young carers: what psychiatry can do (2020)	<a href="#">The emotional and mental health needs of young carers: what psychiatry can do - PMC (nih.gov)</a>	A systematic review discussing the needs of young carers and the fact that they may often be considered to have identical needs and/or wants, despite their different cultures and other factors as well as different caring duties.
Supporting carers’ mental health via carers’ assessments in policy and practice (2017)	<a href="#">Supporting carers</a>	Discusses the impact of the Care Act (2014) and the reported patchy implementation of it across local authorities, for both paid and unpaid carers. Talks about carers assessments and what they might achieve when done right.  Provides a ‘good practice’ example from an NHS trust which is carer-centered.



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